

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

## LATEST RESEARCH

### Religiosity and Financial Distress in Young Adults

Investigators in the research institute of economics and management at Southwestern University of Finance and Economics in Chengdu, China, analyzed data from a representative sample of young adults in the United States participating in the ADD Health study (n=21,701). Information on financial distress variables (no phone service, no utility payments, utility off, all indicators of failure to pay bills) was collected in Waves III (ages 18-26 in 2001-2002) and IV (ages 24-32 in 2008). Religiosity was assessed in 1994-95 (when participants were in grades 7-12) by frequency of attending religious services, importance of religion, frequency of praying, and frequency of attending youth religious activities. Controlled in regression analyses were multiple other demographic social and health characteristics (gender, race, religious affiliation, education, number of children, marital status, age, education, school, wave, income category, parental characteristics, etc.). **Results:** Adolescent religiosity significantly predicted lower levels of all indicators of financial distress when indicators were assessed individually. Researchers concluded: "...we find that higher levels religiosity causally and significantly reduce the likelihood of financial distress in young adulthood...We find that more religious individuals hold higher levels of self-control, a crucial attribute that aids in averting financial distress."

*Citation:* Lei, L., Lu, W., Niu, G., & Zhou, Y. (2024). Religiosity and financial distress of the young. *Journal of Banking & Finance*, 168, 107276 <https://doi.org/10.1016/j.jbankfin.2024.107276>.

*Comment:* This is a powerful study in a large representative sample of adolescents in the U.S. that utilizes highly sophisticated statistical analyses to demonstrate that young persons involved in religious practices during adolescence are less likely to experience financial distress during young adulthood.

### Crisis of Faith and Sleep Quality in the United States

Investigators from Baylor University and several other U.S. universities analyzed data from the Baylor Religion Survey, which

is a cross-sectional study of a national random sample of 1,395 adults in the U.S. conducted in 2017. The purpose was to examine the relationship between having a crisis in faith and sleep quality. Predictors, mediators and moderators of sleep quality were examined. The primary predictor variable was the response to the question: "Did any of these things occur in the past year?" In the list of responses was "had a crisis of faith." Responding YES to this item was coded 1 (28.3%); a NO response was coded as 0 (considered the reference category) (71.7%). Sleep quality was assessed by responses to two questions regarding the quality of sleep in the past month: "How often did you have trouble falling asleep" and "How often did you feel rested in the morning"; with total scores ranging from 1 to 4, with higher scores indicating better sleep quality. Meaning and purpose in life, the primary mediator, was assessed by a 4-item scale. Controlled in regression analyses were physical health problems, psychological distress, education, income, race, age, employment status, marital status, and religious tradition. **Results:** Crisis in faith was associated with significantly lower sleep quality (b=-0.08, SE=0.03, p<0.05). This association was mediated (explained) by meaning and purpose in life (i.e., lower meaning and purpose by those having a crisis in faith explained why sleep quality was lower). Meaning and purpose in life mediated 12% of the relationship between crisis of faith and sleep quality. The association between crisis in faith and sleep quality was moderated by gender (b=-0.06, p<0.05, for the interaction), such that the relationship was stronger in males than in females. Researchers concluded: "Our results suggest that a crisis of faith is associated with lower sleep quality, and this pathway is partially mediated by a lower sense of meaning and purpose in life. Finally, we found that the relationship between crisis of faith and lower sleep quality was weaker for women."

*Citation:* Upenieks, L., Hill, T. D., & Orfanidis, C. (2024). Crisis of faith and sleep quality in the United States: A literal dark night of the soul? *Journal of Religion and Health*, 63(4), 3066-3087.

*Comment:* The findings make sense in these carefully controlled analyses. The associations are relatively weak, but the relationship is a complex one and so the findings are probably detecting only the tip of the iceberg with regard to effects/associations.

### Importance of Religion Plays a Role in the Longevity of Persons Living in a Blue Zone in the Netherlands

Researchers from the department of epidemiology at Amsterdam University in the Netherlands and several other universities in that country analyzed data from a population-based, the Longitudinal Aging Study Amsterdam, which followed participants from 1992 to 2012. The sample consisted of 5,132 participants from three cohorts and all available waves of data collection. Follow-up on mortality was obtained through December 2019. Criteria for living in a "Blue Zone" (BZ) were exceptional longevity ("having reached age 95 or over"), greater overall survival time, and stability of the population (remaining in municipality being examined). Of 11 municipalities in the Netherlands, one ranked the highest (e.g., N1). Regression models were used to examine characteristics of those who lived in this particular municipality, while controlling for multiple covariates. **Results:** Characteristics of those living in the N1 Blue Zone (compared to those living in other municipalities)

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were “a polygenic risk score linked to longevity, smoked less, consumed less alcohol and more fruit, biked more minutes, did more often paid work, practiced singing more often, *attached higher importance to religion*, and lived in a more walkable and livable environment. In contrast, [non]-BZ-participants had a slower walking speed, more depressive symptoms, felt less purpose in life, had a larger waist circumference, walked and did sports less often, consumed less vegetables, and exchanged less instrumental support.” Researchers concluded: “Rather than clues to healthy aging, our findings suggest factors conducive to longevity regardless of impaired health.”

*Citation:* Deeg, D. J., van Tilburg, T., Visser, M., Braam, A., Stringa, N., & Timmermans, E. J. (2024). Identification of a “Blue Zone” in the Netherlands: A genetic, personal, sociocultural, and environmental profile. *The Gerontologist*, 64(11), gnae132.

*Comment:* The study’s findings are consistent with results from other studies examining characteristics of those living in Blue Zones. Having religious faith and its importance is one of the most common characteristics across all these studies. However, reporting this finding in a secular European country is highly significant and notable.

### Scale Contamination in Spirituality and Health Research

Matthew Bambling, professor of clinical psychology at the University of Brisbane, Queensland, Australia, addresses concerns about use of measures of spirituality contaminated with indicators of mental health that will assure a relationship between spirituality and mental health. After discussing the implications of scale contamination in terms of examining the relationship between spirituality and health (particularly mental health), he addresses the issue of construct validity, especially in terms of merging different constructs within scales without good reasons (such as existential well-being and religious well-being in the Spiritual Well-Being Scale or peacefulness and faith in the FACIT-SP). Finally, he provides recommendations for future research, suggesting that uncontaminated scales be used and that journal reviewers and editors “demand justifications for the inclusion of potentially contaminated scales, and to require authors to remove problematic items where necessary.”

*Citation:* Bambling, M. (2024). The problem of scale contamination and construct validity in mental health, social science and spirituality-related research. *Health and Social Care Chaplaincy*, 12 (2). Online First: <https://doi.org/10.1558/hssc.31277>

*Comment:* This article elaborates further on an issue brought up by Koenig & Carey in the article “Religion, Spirituality and Health Research: Warning of Contaminated Scales” (*Journal of Religion and Health*, 2024; 63(5), 3729-3743, <https://doi.org/10.1007/s10943-024-02112-6>).

### Protective Factors for Burnout and Moral Injury in Nurses during COVID-19

Researchers from the school of nursing at the University of North Carolina, Wilmington, surveyed 7,832 nurses (5.5% of all 142,507 nurses in North Carolina, 86% were RNs) to examine the relationship between burnout, moral injury, and resilience during the COVID-19 pandemic (Spring 2021). Burnout was assessed by the 30-item ProQOL; moral injury by the 10-item MISS-HP; and resilience by the 25-item CD-RISC-25. Compassion satisfaction and secondary traumatic stress were also assessed but are not reported here in this brief summary. Average age of participants was 47; 92% were female; 79% were Christian and 15% had no religious affiliation. Multivariate regression models controlled for age, education, employment, and exposure to COVID, with the primary outcomes being burnout, moral injury, and resilience (linear regression models for each). **Results:** Significant positive correlations identified with burnout were younger age, lower levels

of education, being an RN (vs. others including APRNs), having patients with COVID, and having family members with COVID; the only factor associated with less burnout was Christian religious affiliation (vs. none). Significant positive correlations with moral injury were lower levels of education (less than a bachelor’s degree), younger age, and having more patients with COVID; factors significantly associated with less moral injury were older age and full-time employment (and Christian religious affiliation at a trend level,  $p < 0.10$ ). Significant positive correlations with resilience were older age; factors associated with lower resilience were less education and being an RN. Researchers concluded: “Positive factors included age, experience, education, and religion, with the older, more experienced, and educated nurse who identified as Christian being found to represent the most protected group.”

*Citation:* Hubbell, S. L., Young, S. E., Duea, S. R., & Prentice, C. R. (2024). Identifying protective factors related to burnout, moral injury, and resilience of registered nurses: An exploratory analysis. *Mental Health Science*, 2(3), e71.

*Comment:* The major weakness of the study was the low response rate (5.5%), indicating that this was largely a “convenience” sample of North Carolina nurses. Otherwise, the findings (at least with regard to moral injury) are in line with other research examining healthcare professionals (primarily physicians) during the COVID-19 pandemic.

### Neighborhood Disorder and Health in the United States: Do Religious Struggles Mediate this Relationship

Researchers at the University of Texas in San Antonio and Baylor University analyzed data collected on a national probability sample of 1,741 adults participating in the 2021 US Crime, Health, and Politics Survey, which was conducted during the COVID-19 pandemic. The purpose was to determine whether religious struggles mediated the relationship between neighborhood disorder (defined as “social disorder, ambivalent strains, structural disrepair”) and health (anger, psychological distress, sleep disturbance, self-rated physical health, and subjective life expectancy). Religious struggles were assessed with three items drawn from the Religious and Spiritual Struggles Scale (Exline). These items were “have doubts about their religious or spiritual beliefs”, “feel as though God has abandoned them,” and “feel as though God is punishing them.” In addition, religiosity was assessed by in-person frequency of attendance at religious services, online frequency of attendance at religious services, private religious activities, and importance of religion in life. Health outcomes referred to earlier were assessed using standard measures. Regression analyses controlled for religious affiliation, age, gender, race/ethnicity, nativity status, urbanicity, education, household income, marital status, length of residing in neighborhood, and perceived protection from local police. **Results:** Neighborhood disorder was strongly and consistently inversely related to all indicators of good health. Neighborhood disorder was also positively related to religious struggles ( $b = 0.12$ ,  $SE = 0.05$ ,  $p < 0.01$ ). Religiosity, in turn, was significantly and inversely related to religious struggles, psychological distress sleep disturbance, and was positively related to self-related health and subjective life expectancy. Researchers concluded: “Our counterfactual mediation analyses of data...revealed consistent indirect effects of neighborhood disorder through religious struggles for anger, psychological distress, sleep disturbance, poor self-rated health, and shorter subjective life expectancy.”

*Citation:* Hill, T. D., Upenieks, L., Wolf, J. K., Cossman, L., & Ellison, C. G. (2024). Do religious struggles mediate the association between neighborhood disorder and health in the United States? *Journal of Religion and Health*, 63(1), 202-223.

*Comment:* Another well done statistical analysis of systematically collected data by some of America’s top religion-health

researchers on a topic of grave importance, particularly for the poor and disenfranchised.

### Sexual Function and Religiosity in Iranian Women

Researchers from the maternal-fetal medicine research center, school of nursing, at Shiraz University of Medical Sciences in Shiraz, Iran, conducted a cross-sectional study of 514 married women ages 15-45 years living in the city of Shiraz. The purpose was to examine the relationship between sexual function, spiritual health, and religious attitude. The 19-Item Female Sexual Function Index was used to assess sexual desire, sexual arousal, lubrication, orgasm, satisfaction, and pain in the past month. Paloutzian and Ellison's 20-item Spiritual Well-Being Scale (SWBS) was used to assess existential and religious well-being. Religious attitudes were assessed by the 25-item Religious Attitudes Scale. Analyses were not controlled for any covariates. With regard to spiritual well-being, only results for the religious well-being scale are being reported here (since the existential well-being scale is confounded by indicators of mental health, and so results with this scale are meaningless). **Results:** A significant relationship was found between religious well-being and sexual satisfaction, although no relationship was found with other indicators of sexual health. In addition, all women with low religious attitude scores had sexual dysfunction ( $n=4$ ,  $p<0.001$ ). Researchers concluded: "It is recommended that specialists of reproductive health consider spiritual health and religious attitude to progress and improve the level of sexual function of women."

*Citation:* Yazdanpanahi, Z., Beygi, Z., Sajadian, S. Z., Saheb Karam, Z., & Hajifoghaha, M. (2024). Investigation of sexual function and its relationship with spiritual health and religious attitude in Iranian women: A descriptive study. *Journal of Health Sciences & Surveillance System*, 12(4), 426-433.

*Comment:* This is a relatively modest study reporting uncontrolled statistical analyses. Nevertheless, the topic is an important one in a highly religious Middle Eastern country, where little information is known about the relationship between religious involvement and sexual function.

### Religiosity and Cannabis Use in Adolescents

Researchers at the University of Milano and University College of London analyzed data on 68,263 adolescents aged 12-17 participating in the US National Survey on Drug Use and Health 2015-2019. The purpose was to examine the relationship between religiosity (intrinsic and extrinsic) and cannabis (marijuana) use. Structural equation modeling was used to examine the relationship, while controlling depression, engagement in volunteer activities, and other covariates. How intrinsic and extrinsic-personal religiosity was assessed in this study was not described. **Results:** Approximately 15% of participants reported using cannabis in the past year. Both intrinsic and extrinsic religiosity were inversely related to cannabis use ( $b=-0.65$ ,  $p=0.001$ , and  $b=-0.176$ ,  $p<0.001$ , respectively). Researchers concluded: "Moreover, whilst promoting religiosity is beyond the scope of any preventative programs, religious practices should be considered relevant protective factors."

*Citation:* Carrà, G., Bartoli, F., Canestro, A., Capogrosso, C. A., Bebbington, P. E., & Crocarno, C. (2024). Impact of intrinsic and extrinsic religiosity on cannabis use in adolescents: A structural equation modelling approach to data from the National Survey on Drug Use and Health (NSDUH) 2015–2019. *European Psychiatry*, 67(S1), S194.

*Comment:* Unfortunately, only the abstract of the study was available for review, limiting the details available for presentation. Nevertheless, given the sample size, nature of the sample, and sophisticated analyses (controlling for other covariates using structural equation modeling), this increases the quality of the findings reported here.

### Religious Doubt, Humility, and Mental Health

Investigators at Baylor University and University of Texas at San Antonio analyzed data from a national sample of 1,443 adults in mid- and later life. They assessed religious doubt, life satisfaction, depression, and humility. Only the abstract was available for review, so details are lacking. **Results:** Regression analyses revealed that religious doubts were positively associated with greater depression and lower life satisfaction, whereas humility was associated with lower depression and greater life satisfaction. Humility also buffered the negative associations between religious doubt and indicators of mental health (depression and life satisfaction). Researchers concluded: "The process of dealing with religious doubt is complex and difficult, but the attempt to develop the virtue of humility may be efficacious in thwarting the deleterious consequences of managing the ebbs and flows of faith."

*Citation:* Upenieks, L., & Ellison, C. G. (2024). Religious doubt and mental well-being in later life: Is humility a protective resource? *Journal of Psychology and Theology*, EPUB ahead of press (<https://doi.org/10.1177/0091647124124>).

*Comment:* Although details are lacking due to inability to access the full article, the findings are fascinating, underscoring the importance of humility in counteracting the effects of religious doubts on mental health.

### Religiosity, Gang Membership, and Violence in US Adolescents

Investigators from Niagara University (New York) analyzed cross-sectional data from the ADD Health study Wave 2 (1996) that surveyed 4,834 adolescents in grades 7-12. The purpose was to examine the relationship between religiosity, gang membership, and violence. Religiosity was assessed by frequency of attendance at religious services; frequency of attendance at special youth activities such as Bible classes, youth groups, or choir; frequency of prayer; and importance of religion. Gang membership was assessed by whether or not participants indicated they had initiated into a named gang within the past 12 months. Serious violence in the past 12 months was based on responses to a series of five questions that asked about getting in a serious physical fight, hurting someone badly, using or threatening to use a weapon, pulled a knife or gun on someone, and shot or stabbed someone. Prevalence of serious violence was based on yes to any one of the violent acts above, and number of yes responses was also calculated to determine the extent of serious violence. Control variables included in multivariate models were victimization, peer deviance, self-control unstructured socializing, involvement in nonviolent crime, age, sex, need for public assistance, poverty level, urbanicity, and race. **Results:** Gang members were significantly less religious than non-gang members, except for frequency of religious service attendance (and difference between the other indicators of religiosity were not that great). Gang members who were more religious were significantly less likely to engage in serious violence than less religious gang members. The likelihood of a gang member engaging in serious violence were reduced by 39% for each one unit increase in religiosity. Researchers concluded: "Personal religiosity is inversely associated with the prevalence and extent of violent behavior, while gang membership is positively associated with the prevalence and extent of violent behavior. When affiliations [with gang and religion] overlap, personal religiosity may reduce but not fully mitigate violence... There is sufficient evidence to indicate that religion does intersect with youth gang affiliation, and that some gang members, by participating in religious services or groups, interact with religious others. Some gang members also report internalizing importance of religion and engaging in more private religious practices, such as prayer."

*Citation:* Lauger, T. R., & Rivera, C. J. (2024). Banging while believing: The intersection of religiosity, gang membership, and violence. *Social Problems*, 71(2), 553-571.

*Comment:* A fascinating study (though cross-sectional) showing that gang members who are more religious are less likely to engage in serious violence. One would expect that, but the documentation of this relationship after controlling for other variables represents a significant contribution to the literature.

## Religiosity and Dementia Risk among Black Adults in the U.S.

Researchers in the Center for Aging and Human Development at Duke University and Department of Human Development at Purdue University analyzed data from the Health and Retirement Study which surveyed a nationally representative sample of 2,734 US Black adults in mid- and later life participating in Wave 10. The purpose of this cross-sectional study was to examine the relationship between religiosity and dementia risk. Alzheimer's disease and related dementias (ADRD) was assessed by self-report ("yes" indicated by 4.2% of participants). Religiosity was measured by attendance at religious services, frequency of prayer, and importance of religion in life. Also assessed was life satisfaction, positive and negative affect, and chronic stressors. Logistic regression models were used to examine risk of ADRD while controlling for age, education, household wealth, and sex. **Results:** The average age of participants was 66. Attendance at religious services predicted a significantly lower risk of ADRD, independent of demographic factors, life satisfaction, positive affect, negative affect, and chronic stressors (OR = 0.82, 95% CI = 0.71-0.95, p=0.007). Frequency of prayer also tended to lower risk of ADRD (OR = 0.92, 95% CI = 0.85-1.00, p=0.055). Negative affect increased risk of ADRD, while positive affect tended to decrease risk. Lower negative affect partially mediated the relationship between frequency of religious service attendance and ADRD. Researchers concluded: "These findings demonstrate the importance of involving those experiencing negative affects in R/S for reducing the ADRD burden for Black people in the US."

*Citation:* Griffith, E. E., Robbins, P. A., & Bentley-Edwards, K. L. (2024). Quality of life, religion/spirituality, and dementia risk among Black people in the US. *Aging & Mental Health*, EPUB ahead of press, <https://doi.org/10.1080/13607863.2024.2430534>.

*Comment:* These findings extend research that has found that religious involvement reduces risk of cognitive impairment and dementia risk in later life among largely White samples to Black Americans. The only problem with this study is that it involves cross-sectional analyses that prevent causal inference when interpreting the findings. Self-rating of dementia risk (rather than objective determination) is also a study weakness.

## Taxonomy of Character Strengths and Virtues

Authors from the school of medicine at Stony Brook University, Stony Brook, NY, have proposed a tripartite taxonomy of character strengths and virtues related to professional identity formation in medical students and physicians. The taxonomy is based on virtues that characterize a good doctor as acquired over time during community practice. These are categorized as (1) other-regarding virtues, (2) self-regarding virtues, and (3) equal-regarding virtues. The purpose of this article is to "provide a framework of virtues to contribute to the definition of professional identity" for physicians and medical students.

*Citation:* Post, S. G., Basile, M. A., Iuli, R. J., Migdal, P., Trilling, J. S., Wackett, A., & Strano-Paul, L. (2024). A tripartite taxonomy of character strengths & virtues: toward professional identity formation in medical students & physicians. *BMC Medical Education*, 24(1), 1220 <https://doi.org/10.1186/s12909-024-06169-5>.

*Comment:* This is an excellent article written by some of the top medical ethicists in the United States. We encourage those involved in educating health professionals to read this article.

## Impact of Faith Leaders on Referral for Psychiatric Care

In an APA survey of more than 2000 Americans, 57% indicated they would be likely to reach out to a faith leader if they were struggling with mental health problems. Furthermore, more than two-thirds (68%) said they would be more likely to seek a professional mental health care provider if a leader in their religious community recommended it. However, that survey also indicated that more than half (52%) said that their faith community engages in discussions about mental health openly and without stigma. Rawle Andrews Jr., the executive director of the American Psychiatric Association (APA) Foundation concluded that: "The results from this APA poll underscore the trust congregants place in faith leaders to give advice and counsel, and to know when additional mental health support is necessary. By giving faith leaders the resources they need to make these connections to care, and in turn giving psychiatrists the CME training they need to provide culturally competent care, we are creating more equitable mental health outcomes for patients and their families."

*Citation:* APA (2024). New polling data shows most people of faith would seek mental health care if recommended by their faith leader. American Psychiatric Association. Retrieved on 11-29-24 from <https://www.psychiatry.org/News-room/News-Releases/New-Polling-Data-Shows-Most-People-of-Faith-Would>.

*Comment:* This important announcement by the American Psychiatric Association is indicative of the growing openness of this major psychiatric group to collaboration with faith community leaders.

## 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, December 17, 2024, at 12:00-1:00 EST (New York time), and will be delivered by **Sam Thielman, MD, PhD**, Adjunct Associate Professor of Psychiatry, Duke University Medical Center, and former Regional Medical Officer/Psychiatrist for the U. S. Department of State. The title for his presentation is: **Praying the Psalms and Building Resilience**. 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 Religion, Spirituality, and Health Scientific Interest Group Webinar

For those who missed the talk by John Kelly (11/5/24) on religion, spirituality, and substance use disorders, here's the link to listen to his presentation (which received many great reviews): <https://nih.zoomgov.com/rec/share/w4YFI-MpmeFJuBWEDUJQMTSX0d-uSY5xiPEIXHEQBd9x5Syemc1Mn4ylbHLbYZ.IMu5EyyWbN34S.oIG>. As indicated in the October issue of Crossroads, John F. Kelly, PhD, ABPP (Harvard, Massachusetts General Hospital gave a talk on October 3 titled "The Role of Spirituality and Religion in

Addiction and Recovery.” John Kelly is one of the world's top researchers in the area of alcohol and drug addiction, and is sympathetic to the benefits of spiritual and religious resources.

## 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 take place 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

Not too late to register for our 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/2024/11/2024-2025-Duke-University-Spirituality-and-Health-Workshops-1.pdf>.

### 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/2024/11/2024-2025-Duke-University-Spirituality-and-Health-Workshops-1.pdf>.

### 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/2024/11/2024-2025-Duke-University-Spirituality-and-Health-Workshops-1.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. For more information go to: <https://www.medicineandreligion.com/>.

## Faith & Science Conference in Rome



The poster for the Faith & Science Conference features a central logo with a flame and the text "FAITH AND SCIENCE CONFERENCE". Below the logo, it says "Hosted by: CONTEMPLATIVE NETWORK" and "FUNDING PROVIDED BY THE DUKES". To the right, the text reads: "FIRST INTERFAITH, INTERNATIONAL Faith & Science Conference Enhanced by Art, Music, and Interfaith Mysticism Join Us During the Jubilee Year June 17 - 20, 2025 Rome, Italy Registration information available on www.fait-hand-science.org". A QR code is located in the bottom right corner.

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.fait-hand-science.eu/> and <https://spiritualityandhealth.duke.edu/files/2024/07/Conference-PDF.pdf>.

## RESOURCES

### Books

#### **Moral Resilience: Transforming Moral Suffering in Healthcare**

(Oxford University Press, 2024)

From the publisher: "Suffering is an unavoidable reality in healthcare. Not only are patients and families suffering, but more and more the clinicians who care for them are also experiencing distress. The omnipresent, daily presence of moral adversity is, in part, a reflection of the burgeoning complexity of healthcare, the clinician's role within it, and the expanding range of available interventions that must be balanced with competing demands. There is an urgent need to design solutions that address the myriad factors that create the conditions for imperiled integrity within the healthcare system. Moral resilience is a pathway to transform the effects of moral suffering in healthcare. Cynda Hylton Rushton and colleagues offer a novel approach to addressing moral suffering that engages transformative strategies for individuals and systems alike and leverages practical skills and tools for a sustainable workforce. By taking this approach, healthcare professionals will be able to dismantle the systemic patterns that impede ethical practice, do so with integrity, competence, and wholeheartedness. This is a must-read for clinicians and front line-nurses, physicians, system leaders, and policymakers, as it will require collective collaboration, aligned values, shared language, and intentional design to make our healthcare organizations and their clinicians healthy again."

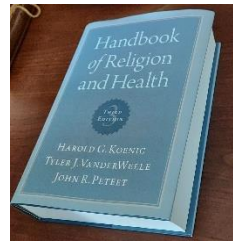
Available for \$44.95 (paperback) or \$42.70 (Kindle) at

<https://www.amazon.com/Moral-Resilience-Transforming-Suffering-Healthcare/dp/0197667147/>.

#### **Religion Versus Secular Humanism: What the Psychological and Social Sciences Can Tell Us**

(Hypatia Press, 2024)

From the publisher: "In today's contentious climate—in which a seemingly unbridgeable gap between religious and secular worldviews persists—this book discusses the relative merits and viability of religion versus secular humanism from the perspective of the psychological and social sciences. Among the questions asked: Are there plausible naturalistic (vs. religious) explanations of the origins, evolution, and functions of religion? What are the beneficial and harmful effects of religion and can the benefits be adequately achieved via secular means? Can secular humanists live moral, meaningful, and fulfilling lives, or is the fully secular life deficient in some way? Can psychological science show us how to live meaningful and fulfilling lives, with or without religion? As much of the world secularizes, is religion likely to persist? Should it? Evidence-based proposals to reduce the religious-secular gap are also offered. The discussion is non-polemic and accessible to inquisitive lay people." Available for \$19.99 (paperback) or \$6.99 (Kindle) at <https://www.amazon.com/Religion-Versus-Secular-Humanism-Psychological/dp/1839196491>.



#### **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**

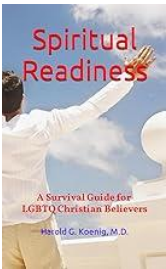


#### **Spiritual Readiness: A Survival Guide for the Christian Believer in an Age of Disbelief**

(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/>.



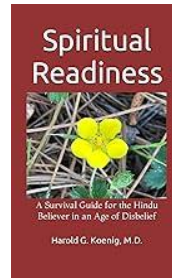
### **Spiritual Readiness: A Survival Guide for LGBTQ Christian Believers**

(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/>.



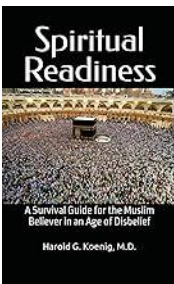
### **Spiritual Readiness: A Survival Guide for the Hindu Believer in an Age of Disbelief**

(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/>.



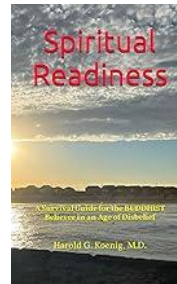
### **Spiritual Readiness: A Survival Guide for the Muslim Believer in an Age of Disbelief**

(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-](https://www.amazon.com/Spiritual-Readiness-Survival-Believer-Disbelief/dp/B0CR6TM4W3/)

[Readiness-Survival-Believer-Disbelief/dp/B0CR6TM4W3/](https://www.amazon.com/Spiritual-Readiness-Survival-Believer-Disbelief/dp/B0CR6TM4W3/).

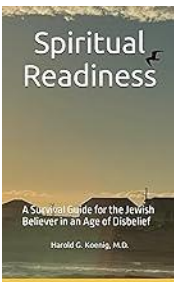


### **Spiritual Readiness: A Survival Guide for the Buddhist Believer in an Age of Disbelief**

(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/>.



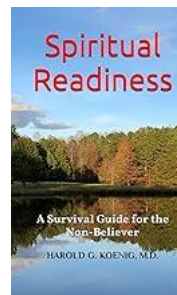
### **Spiritual Readiness: A Survival Guide for the Jewish Believer in an Age of Disbelief**

(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-](https://www.amazon.com/Spiritual-Readiness-survival-believer-disbelief/dp/B0CRQG7Y8K/)  
[disbelief/dp/B0CRQG7Y8K/](https://www.amazon.com/Spiritual-Readiness-survival-believer-disbelief/dp/B0CRQG7Y8K/).



### **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-](https://www.amazon.com/Spiritual-Readiness-Survival-Guide-Non-Believer/dp/B0CTC27JNF/)  
[Believer/dp/B0CTC27JNF/](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 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/>

## 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>.

## 2024 Csth Calendar of Events...

### December

- |       |  |
|-------|--|
| 12/12 | <b>Loyola University Psychiatry Grand Rounds</b><br>1:00 -2:00 EST (New York time) (online by Zoom)<br><b>Title:</b> Religion, Spirituality and Mental Health<br><b>Speaker:</b> Harold G. Koenig, M.D.<br><b>Contact:</b> Monica Boughdady<br>( <a href="mailto:Monica.Boughdady001@luhs.org">Monica.Boughdady001@luhs.org</a> )  |
| 12/14 | <b>Spirituality and Health Research Workshop</b><br>Duke University<br>Durham, North Carolina (8:45-5:15, online only)<br><b>Title:</b> Learn how to do spirituality and health research<br><b>Speaker:</b> Dr. Koenig<br><b>Contact:</b> Dr. Koenig ( <a href="mailto:harold.koenig@duke.edu">harold.koenig@duke.edu</a> )  |
| 12/17 | <b>Spirituality and Health Research Seminar</b><br>12:00 -1:00 EST (New York time) (online by Zoom)<br><b>Title:</b> Praying the Psalms and Building Resilience<br><b>Speaker:</b> Sam Thielman, MD, PhD, Adjunct Associate Professor of Psychiatry, Duke University Medical Center, and former Regional Medical Officer/Psychiatrist for the U. S. Department of State<br><b>Contact:</b> Harold G. Koenig ( <a href="mailto:Harold.Koenig@duke.edu">Harold.Koenig@duke.edu</a> ) |

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

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