

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology, and Health Volume 14 Issue 7 Jan 2025

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

LATEST RESEARCH

Role of Religious Organizations in Addressing the Inactivity and Obesity Pandemics in the United States

Researchers in the department of physical therapy at the University of Illinois, Chicago, and other research groups at several U.S. universities examined the roles that church-based healthy lifestyle programs play in addressing physical inactivity and obesity among congregants. Based on the 2020 U.S. Religions Census, there are 356,642 congregations in the US with 161,224,088 adherents making of 49% of the population (with the majority of congregations located in the Southeastern U.S.). Researchers analyzed the association between number of congregations per 100,000 (congregation density) and rates of physical activity and obesity, as well as the association between number of adherents as a percentage of the population (adherent density) and rates of physical inactivity, and obesity. **Results:** Bivariate analyses revealed significant positive correlations between congregation density and adherent density and both physical inactivity and obesity. Correlations ranged from 0.18 to 0.37, all $p < 0.001$, with the strongest correlations between congregation density and both physical inactivity and obesity. Researchers also examined congregation density and percentage with access to exercise opportunities, which was inversely correlated ($r = -0.53$, $p < 0.001$). The Social Deprivation Index (SDI) was positively related to both physical inactivity and obesity, and was positively related to congregation density, likely explaining at least in part the positive relationships observed between congregation density and physical inactivity/obesity. Researchers concluded: "Approaches to addressing the pandemics of unhealthy lifestyle-related health factors of physical inactivity and obesity in the United States have, in large part, been unsuccessful. Church-based healthy lifestyle programs, particularly in areas where a high concentration of congregations align with high physical inactivity and obesity, may offer a novel and effective approach to addressing this issue."

Citation: Arena, R., Pronk, N. P., & Woodard, C. (2024). Novel

approaches to addressing the us physical inactivity and obesity pandemics: An opportunity for religious organizations. *American Journal of Medicine*, 137(3), 240-248.

Comment: This is a powerful study demonstrating the importance of congregation-based health ministries in addressing the inactivity and obesity pandemic in the United States. Currently, only a relatively small percentage of congregations have such health ministries, and this is a problem that needs addressing sooner than later (given the fact that physical inactivity and obesity are the causes of most chronic diseases today that are threatening to bankrupt the healthcare system in the decades to come).

Spirituality, Religion and Health Research: Scientific Publications in the Field

Researchers at several institutions in Iran conducted a bibliometric study to identify and analyze 19,332 publications on religion, spirituality and health from the Scopus citation database from 1862 to 2020. **Results:** Publications on this topic were most likely from the United States, United Kingdom, and Canada, with the most frequent academic institutions to conduct such studies being Harvard Medical School and the University of Toronto. The most common publications were articles (68%), and 90% were in English. Most articles were published between 2006 and 2011. The most common authors and networks of authors are also cited. The journal that published the most articles on this topic was, not surprisingly, the *Journal of Religion and Health*. Researchers concluded: "Based on the results and discussions presented above, it can be asserted that scientific output in the field of spirituality, religion, and health has experienced significant growth in recent years, similar to other fields discussed in the background of this subject. Additionally, investigating other relevant indicators—such as co-authorship among universities, authors, and articles—can serve as a roadmap for researchers and those interested in this field."

Citation: Yaminfirooz, M., Saberi, M. K., Vakilmofrad, H., Hashempour, L., Haseli, D., Douhani, A., & Hamzehei, R. (2024). Global research trends in spirituality, religion and health: A bibliometric analysis and visualization. *Informology*, 3(1), 111-126.

Comment: Although a bit dated (up through 2020), this is a comprehensive evaluation of countries, authors, and journals that are publishing in this area, including articles published since the mid-1800s.

Spirituality, Religion and Health Research: Scientific Publications in JORH

Investigators from Saudi Arabia and Pakistan conducted a systematic review of publications in the *Journal of Religion and Health* to identify the 100 most cited papers published in this journal through October 2024, the most highly cited authors, the co-authorship rate, the universities from which papers came, and the countries where those universities were most likely to be located. **Results:** Using the Scopus database, authors identified 3,359 publications. The average number of papers published in JORH reached 100 in 2012, peaking with 280 publications in 2021. Of the 100 most cited papers (90 articles and 10 reviews), the average number of citations was 88.9. A total of 289 authors

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contributed to these papers, with an average of 3.3 authors (and co-authors) per paper. The authors (and co-authors) were from 141 universities located in 21 countries. A majority of the 100 most cited papers came from universities in the United States (67 papers). Universities with the most publications were Duke University Medical Center (14 papers) and King Abdulaziz University (9 papers). Researchers concluded: "This bibliometric study of the top 100 most cited papers in *JORH* may underscore the journal's role in fostering interdisciplinary dialogue and highlight areas for future research."

Citation: Abdelwahab, S. I., Taha, M. M. E., Farasani, A., Jerah, A. A., Abdullah, S. M., Oraibi, B., ... & Hassan, W. (2024). Thematic evolution and scholarly contributions: A study of the top 100 most cited papers in the Journal of Religion and Health. *Journal of Religion and Health*, EPUB ahead of press (<https://doi.org/10.1007/s10943-024-02203-4>).

Comment: Here is another review of the literature on religion, spirituality and health (again the Scopus database), but this time limiting the publications to a specific journal (*JORH*), including articles contained in the Journal since its beginning in 1961.

Religiosity, Mental Health, and Quality of Life among Disabled Students

Investigators from universities in Saudi Arabia and Egypt surveyed a convenience sample of 390 students with disabilities at public universities in Saudi Arabia during April and May 2023. Administered to participants was the DASS-21, which measures symptoms of depression, anxiety, and stress (mental distress); the 5-item Satisfaction with Life Scale (Diener), which was deemed quality of life (QOL); a multi-item scale assessing social connectedness and social assurance; and finally, a 7-item scale (Lombardi) measuring religiosity that had been used previously among students with disabilities. Structural equation modeling was used to analyze the data. **Results:** The findings, not surprisingly, demonstrated a strong negative relationship between indicators of mental distress and QOL. The positive correlation between *stress level* and QOL was moderated by social connectedness (correlation was reduced among those with high social connectedness), but social connectedness did not moderate the relationship between *depressive* symptoms or *anxiety* symptoms and QOL. The positive correlation between *anxiety* and QOL was moderated by religiosity (correlation was reduced among those with high religiosity), although religiosity did not moderate the relationship between *stress* or *depression* and QOL. Researchers concluded: "The significant moderation effect of religiosity on the relationship between anxiety and quality of life among students with disabilities, as opposed to its lack of moderation for stress or depression, can be explained by considering the unique role of religiosity in addressing anxiety-related challenges."

Citation: Al-Shaer, E. A., Aliedan, M. M., Zayed, M. A., Elrayah, M., & Moustafa, M. A. (2024). Mental health and quality of life among university students with disabilities: The moderating role of religiosity and social connectedness. *Sustainability*, 16(2), 644.

Comment: Although a quite modest study, the topic is an important one. This is one of the few studies examining the moderating effects of religiosity on the relationship between mental health and quality of life among students with physical disabilities in the Middle East.

Religious Coping among Patients with Epilepsy in Turkey

Researchers conducted an online survey assessing a convenience sample of 154 patients with epilepsy in eastern Turkey during the spring of 2024 (71% female; average age 31; 42% married). Religious coping was measured by a 10-item scale that assessed positive (PRC; 7 items) and negative religious coping (NRC; 3 items). Responses range from 1-4 for each item with a total score

range from 7-28 for PRC and from 3-12 for NRC. **Results:** The average score for PRC was 22.9 (out of a maximum of 28), whereas the average score for NRC was 7.2 (out of a maximum of 12), indicating relatively high scores on both dimensions of religious coping. PRC score was higher among those who were older (vs. younger); among women (vs. men); among the married (vs. the unmarried); among housewives (vs. those not working/students, civil servants, or self-employed/employees); and among those with lower incomes (vs. higher). PRC score was also higher among patients who prayed more and read the holy Qur'an more. There were no demographic or religious differences in terms of NRC scores. Researchers concluded: "In line with these findings, it is recommended to increase religious and spiritual support programs to support the religious coping strategies of epilepsy patients. Training and awareness-raising activities should be organized for epilepsy patients, and psychosocial support services should be provided to patients who practice religious rituals."

Citation: Özcan, S., & Çiftçi, B. (2024). Exploring religious coping strategies epilepsy patients in Turkey: A descriptive study. *Epilepsy & Behavior*, 161, 110060.

Comment: Although only a descriptive study, the findings are of interest. The high levels of PRC are expected in this Islamic country. However, the relatively high levels of NRC are not expected (among Muslims who tend to not question God), and may reflect the effects of epilepsy on quality of life and frustration with this condition.

Religious Coping and Hurricane Survivors in Libya

Researchers in the department of psychology at Sapienza University of Rome (Italy) and universities in Tripoli, UAE, and Egypt surveyed 101 Libyans who survived Hurricane Danielle that hit in September 2023. Participants completed an online survey 8-9 months after the hurricane. Many participants lost loved ones during the hurricane: 7 lost parents, 13 lost brothers or sisters, 2 lost their children, 67 lost cousins, and 73 lost close friends. Resilience was assessed using an Arabic version of the 6-item Brief Resilience Scale. Hurricane trauma was assessed by the 22-item Arabic version of the Impact of Events Scale. Posttraumatic growth was measured by the 10-item Arabic version of the Posttraumatic Growth Index. Psychological distress was measured by an Arabic version of the 59-item Patient Health Questionnaire (which measures depression, generalized anxiety, somatization, panic symptoms, eating disorder symptoms, and alcohol abuse). Religiosity was assessed by the 13-item Muslim Religiosity Scale (MRS), which measures religious practices and intrinsic religious beliefs (Al Zaben et al., 2015). Structural equation modeling and network analysis was used to analyze the data. **Results:** Bivariate analyses revealed that overall religiosity was positively associated with posttraumatic growth ($r=0.27$, $p<0.01$). With regard to traumatic stress symptoms, the intrinsic religiosity subscale of the MRS was positively associated with intrusion, hyperarousal, numbing, irritability, and depression, but was also positively associated with personal strengths, relating to others, spiritual growth, and appreciation of life. Structural equation modeling demonstrated that resilience mediated the association between hurricane stress and anxiety, and hurricane stress positively predicted psychological distress (none of which is surprising). Religiosity was not related to any of the variables in the SEM except for posttraumatic growth. Researchers concluded: "...while religious coping may offer a framework for understanding and processing, it might not directly enhance resiliency or reduce PTSS [hurricane-related stress] but could foster PTG [posttraumatic growth] in the immediate and aftermath of a disaster."

Citation: Ali, M., Altaeb, H., & Abdelrahman, R. M. (2024). Resilience and religious coping in Libyan survivors of Hurricane Daniele. *Clinical Psychology & Psychotherapy*, 31(6), e70010.

Comment: Many affected by the hurricane in this Muslim country turned to their religious faith to cope with the losses that they were experiencing. This dynamic of turning to religion (which might have created a positive relationship between religiosity and distress) likely concealed the beneficial effects that religiosity might have had on resilience and protection from mental health problems (given this cross-sectional analysis at one point in time).

Hospitalized Children's Use of Religion to Cope with Chronic Illness in Brazil

Investigators from several universities in Brazil conducted qualitative interviews with 35 Brazilian children/adolescents hospitalized with chronic illnesses (e.g., cancer [57%], diabetes, cystic fibrosis) to determine the influence of religion on their coping with chronic illness. Participants were 7-17 years old and 27/35 were Catholic or Protestant/Evangelical; however the sample included participants who identify themselves as Spiritist, Afro-Brazilian religion, no religion, and atheist. Thematic analysis was used to analyze the findings. **Results:** Three themes emerged from the data: (1) strength and support from having a relationship with God; (2) finding meaning for suffering and illness through their religious faith; and (3) experiencing well-being through religious practices. Many participants indicated their religious faith had increased as a result of experiencing chronic illness. Researchers concluded: "This study supports clinical practice, based on the recognition of the patient as a religious and spiritualized person who has spiritual beliefs and needs that are capable of influencing treatment."

Citation: de Andrade Alvarenga, W., da Cruz, I. E. C., Leite, A. C. A. B., Machado, J. R., Dos Santos, L. B. P. A., de Lima, R. A. G., & Nascimento, L. C. (2024). "God gives me hope!": Hospitalized children's perception of the influence of religion in coping with chronic illness. *Journal of Pediatric Nursing*, 77, 13-20.

Comment: This study provides a glimpse of how children and adolescents in Brazil use their religious faith to cope with life-shortening chronic diseases, and is relevant to those everywhere who are caring for the emotional needs of children with physical health problems.

Parents' Religious Orientation and Adolescents' Critical Thinking, Cognitive Flexibility, and Happiness

Researchers from the department of psychology at several universities in Iran conducted a survey of a random sample of 319 teenage girls from public high schools in Chalus, Iran. The purpose was to examine the correlation between religiosity and critical thinking, cognitive flexibility, and happiness. Religiosity was assessed by the Alport and Ross's 21-item Religious Orientation Scale (ROS), which measures intrinsic and extrinsic religiosity. Critical thinking was assessed by the 33-item Critical Thinking Tendency Inventory; happiness by the 29-item Oxford Happiness Inventory; and cognitive flexibility by the 20-item Cognitive Flexibility Inventory. Structural equation modeling was used to analyze the data. **Results:** Religiosity (of parents?) was positively and significantly related to students' critical thinking tendency ($r=0.45$), cognitive flexibility ($r=0.68$), and happiness ($r=0.41$). Cognitive flexibility was found to mediate the relationship between religiosity and students' critical thinking and happiness. Researchers concluded: "The application of promoting religious duties and training in cognitive flexibility to enhance happiness and critical thinking tendency in student could be considered an experimental studies by researchers, educational planners, and counselors."

Citation: Neymvari, N. E., Abolghasemi, S., & Haghghi, T. H. P. (2024). Structural equation modeling of the relationship between parents' religious orientation and adolescents' tendency towards

critical thinking and happiness with the mediating role of cognitive flexibility. *Applied Family Therapy Journal*, 5(1), 97-107.

Comment: There is some lack of clarity as to whom completed the religiosity measure (ROS) and cognitive flexibility, critical thinking, and happiness measures. It sounds like parents completed the ROS, and students completed the cognitive flexibility, critical thinking, and happiness measures. However, that is not at all clear based on how the study was described (which sounds like students completed all of the measures). While the results are quite intriguing, the presentation is poor.

Religious Coping with Sexual and Gender-based Violence and Displacement

The researcher, a faculty member of the college of social sciences at the University of Birmingham in the UK, conducted a qualitative study with 21 Syrian and 2 Iraqi women in Turkey, and 5 Nigerians, 3 Congolese, 2 Ivorians, and one each from Eritrea, Ghana, Guinea, Sierra Leone, and Sudan in southern Tunisia. All participants had survived multiple incidents of violence, including war-related violence, family violence, spousal violence, sexual violence, harassment and trafficking, and/or racism. Participants religious affiliations were 27 Muslim and 11 Christian, and their ages were 20-58. Interviews lasted for 60-120 minutes. Women were asked about how they coped with violence and displacement. **Results:** Most women (36/38) practiced a religion, and almost all (37/38) believed in God and indicated that religion was important in their lives. Likewise, most women relied on their religious beliefs to cope. The main themes that emerged were that the women drew on their religious resources and adapted those religious resources in order to cope with the conditions that they were facing. Cognitive, behavioral, and spiritual/emotional forms of adaptive religious coping were mentioned and summarized in the article. The researcher concluded "The study highlights the importance of religious coping in supporting displaced populations emotionally and spiritually, and offers implications for mental health responses in forced displacement contexts."

Citation: Pertek, S. (2024). Adaptive religious coping with experiences of sexual and gender-based violence and displacement. *Journal of Refugee Studies*, 37(2), 307-323.

Comment: Many critical insights are provided in this article that examines the in-depth experiences of how these severely traumatized women used their faith to cope with almost unimaginable stress.

No impact of Religiosity on Self-Esteem in the Netherlands

Investigators from the German Institute for Economic Research in Berlin, the University of California at Davis, and the University of Zürich in Switzerland analyzed data from a prospective study of a representative sample of 12,915 Dutch persons followed from 2007 to 2019 (the Longitudinal Internet Studies for the Social Sciences or LISS panel). The purpose was to examine the impact of religiosity on self-esteem. Religiosity was assessed by 3 items: belief in God (1-6), frequency of religious attendance (1-7), and frequency of prayer (1-7). Self-esteem was assessed using the 10-item Rosenberg Self-Esteem Scale. Controlled for in analyses were birth year and gender. Random-intercept cross-lagged analyses were conducted to examine the effects of religiosity on self-esteem, with significance levels established at $p<0.01$. **Results:** No significant associations were found between any of the religious variables and self-esteem; age and gender did not moderate these relationships. Researchers concluded: "The results reveal largely nonsignificant associations between all three religiosity indicators and self-esteem at the between-and the within-person levels. This finding supports the religiosity-as-a-social-value perspective, suggesting that the self-esteem benefits of religiosity are restricted to religious cultures only."

Citation: Entringer, T. M., Lenhausen, M. R., Hopwood, C. J., & Bleidorn, W. (2024). No evidence for transactional effects between religiosity and self-esteem in a secular country. *Social Psychological and Personality Science*, 15(3), 360-369.

Comment: Approximately 25% of the population of the Netherlands believes firmly in God, whereas one-third (33%) do not and the remainder are unsure or have nuanced beliefs about a higher power. This was a well-done study with sophisticated cross-lagged analyses involving yearly assessments over 11-12 years.

Relationship between Schooling and Secularization in 76 Countries

Researchers from Belgium and the Netherlands analyzed cross-sectional data from 94,011 adults participating in the World Values Survey (7th Wave, 2017-2020) and European Values Survey (5th Wave, 2017-2020), and several other waves as well to obtain participants from 76 countries (37 European, 18 Asian, 8 African, 8 South American, 3 North American, and 2 Oceanic). Schooling was determined at the country level, whereas religiosity was assessed on the individual level. Schooling was measured by share of higher educated per country, literacy rate per country, government expenditure on education as percentage of GDP, number of researchers per million inhabitants, proportion of population that had a high degree of faith in education, and education-based stratification (education as a source of economic prosperity and social status). The perceived importance of religion was measured on a 4-point scale ranging from 0 (not at all important) to 3 (very important). Variables controlled in the analyses were GDP per capita, gender, age, marital status, unemployment, income level, and religious denomination. **Results:** In countries that scored higher on “schooling” (educational attainment), persons tended to be less religious. Those who were less educated were more likely to remain religious. Researchers concluded: “Multilevel analyses subsequently showed that people generally perceived religion as less important in their lives in the more developed schooled societies and that this was the case across different religious contexts worldwide... Additional analyses show that the general patterns we found for the perceived importance of religion in life apply to a certain extent also to other aspects of religiosity such as the importance of God in life and attendance at religious services.”

Citation: Kavadias, L., Spruyt, B., & Kuppens, T. (2024). Religious life in schooled society? A global study of the relationship between schooling and religiosity in 76 countries. *International Journal of Comparative Sociology*, 65(3), 247-270.

Comment: Given that the majority of countries were European and Asian, a significant proportion of participants were secular (35% indicated religion was not at all important), which may have influenced the findings. However, the likelihood that secular education (as it is now taught) adversely affects a person’s religious beliefs is quite plausible. The extent to which it also adversely affects adherence to moral standards remains to be examined.

Religiosity and Mental Health in Eight Countries

Investigators at University of Southern Mississippi, University of Louisville in Kentucky, Texas Tech University, Oxford University in the United Kingdom, and Coventry University in the United Kingdom examined data on the relationship between religiosity/spirituality and mental health among 1,754 participants in 8 countries (Brazil, Indonesia, Thailand, China, Russia, India, Turkey, United States). Approximately 200 participants were obtained from each country (samples of convenience). Depressive, anxiety, and stress symptoms were assessed by the 21-item DASS; satisfaction with life by the 5-item Satisfaction with Life Scale (Diener); religiosity by a single item (“Do you consider yourself a religious person?”) with responses ranging from 0 (not at all) to 8 (very much so); and spirituality by a single item (“Do you

consider yourself a spiritual person?”) with responses ranging from 0 (not at all) to 8 (very much so). Controlled for in multivariate analyses were age, gender, and income; both linear and quadratic effects were examined. Mixed effects linear regression was used to examine country and individual level effects. **Results:** In the overall sample (across all countries), religiosity was inversely related to depression ($\beta=-0.09$, $p<0.001$) and was positively related to life satisfaction ($\beta=+0.22$, $p<0.001$), but was not related to stress level or anxiety. Religiosity was not quadratically related to depression or life satisfaction but was quadratically related to anxiety ($\beta=-0.07$, $p=0.03$) and to stress ($\beta=-0.06$, $p=0.05$). Quadratic relationships indicate a parabolic relationship (U or inverted-U shaped relationship). With regard to spirituality, in the overall sample, spirituality was inversely related to depression ($\beta=-0.08$, $p=0.001$) and positively related to life satisfaction ($\beta=+0.14$, $p<0.001$), but was not significantly related to anxiety or stress. Spirituality was not quadratically related to depression, anxiety, stress, or life satisfaction. Exploratory analyses examined the three-way interaction between groups categorized as majority religion, minority religion, and nonreligious. Differences in these exploratory analyses were found, but not well described.

Citation: Karki, N., Warlick, C. A., Baimel, A., & Jong, J. (2024). Religiosity, spirituality, and mental health in eight countries. *Psychology of Religion and Spirituality*, EPUB ahead of press

Comment: Unfortunately, some of the findings from this study are difficult to understand and the researchers do not explain them well, especially the quadratic relationships and the results from the three-way interactions. The large sample size, the diverse nature of the sample across different countries, and the finding of quadratic relationships between religiosity are what make this study special.

Roles of Faith Community Nurses and Faith Community Leaders during COVID-19

Researchers from the college of medicine at East Tennessee State University conducted qualitative interviews with 19 faith community leaders (53% clergy, 26% faith community nurses, 21% other faith community leaders) to determine how faith community leaders (FCs) and faith community nurses (FCN) navigated “the intersection of public health and spiritual care during the COVID-19 pandemic.” More specifically, researchers were interested in how these individuals balanced community health concerns, personal autonomy, and the demands of public health officials, while still maintaining the trust of their faith communities. This was explored pre-pandemic and during the initial shutdown. Researchers inquired how they gave advice about health care; how their roles as faith leaders evolved; and how they managed to maintain their own mental health during this period of crisis. Issues discussed included those surrounding vaccination, church closures, adaptation of faith practices (online attendance), engagement of vulnerable and underserved communities (specifically African American and Hispanic communities), and how they met the support needs of older adults and those with chronic health conditions. Researchers concluded: “This study underscores the critical role of FCs in public health, indicating the potential benefit for health screening for faith leaders to enhance community resilience.”

Citation: Yang, C., & Olive, K. (2024). Faith in crisis: An exploratory qualitative study of the role of faith community leaders and faith community nurses in balancing public health guidance and spiritual leadership during COVID-19 in the United States. *Journal of Religion and Health*, EPUB ahead of press (<https://doi.org/10.1007/s10943-024-02195-1>).

Comment: Although the COVID-19 pandemic is in the past, there is little doubt that future pandemics will occur. Lessons learned from this latest pandemic will be critical in community responses to future pandemics. This is an excellent article that summarizes the

many lessons learned by faith community leaders that will help impact future public health.

Influence of Religiosity on Food Choice among Muslims in the UK

In this qualitative study, researchers from Coventry University in the United Kingdom (UK) conducted interviews with 16 faith leaders and 16 lay Muslims to explore the impact that Islamic religiosity has on everyday food selection (other than during Ramadan, where most of research has focused on in the past). Participants were recruited from three Sunni mosques located in West Midlands and West Sussex, UK, between July 2021 and October 2022. The major themes identified during qualitative interviews were: (#1) demonstrating religious obedience through food selection; and (#2) the influence of Islamic leaders and family members on food choice. Sub-themes under #1 were (a) an emphasis on familiar providers of “halal” (acceptable) foods; (b) emphasis on ensuring that foods were truly, authentically halal (those endorsed by the Halal Monitoring Committee); and (c) ensuring that food was also pure (tayyib) (i.e., preference for organic and wholesome foods as emphasized in the Qur’an). Sub-themes under #2 above were (a) emphasis on the teachings of the Prophet Muhammad as a role model in his food choices; and (b) rulings from Islamic bodies on foods and drinks that were designated halal or haram (forbidden). Researchers concluded: “These findings provide important insights into the influence of Islam on food choice and could be used [to] support the design of faith-informed dietary interventions among Muslim people.”

Citation: Owais, U., Patel, R., & Abbott, S. (2024). The influence of religiosity on food choice among British Muslims: A qualitative study. *Nutrition and Health*, EPUB ahead of press.

Comment: This is a very informative article on food choices by Muslims that are acceptable within this faith tradition. Healthcare providers, particularly those in healthcare settings such as hospitals, need to be aware of food choices of Muslims that are consistent with their faith tradition.

Jesus and Dementia

Published in *Luke’s Journal*, a journal of the Christian Medical and Dental Fellowship of Australia, the article “Jesus and Dementia” explores how Christian medical professionals can best care for people living with dementia. Opening with a Christian theology of dementia, the article highlights the value of people living with dementia as bearers of God’s image, loved by God, and called to be loved by other people. The article builds on this to highlight the importance of, and strategies for, effective communication with Christian people impacted by dementia. The article concludes with an alphabet of dementia care concepts for Christian health care providers.

Citation: Boland, B. (2024). Jesus and Dementia. *Luke’s Journal*, 29(3), 19-24.

(<https://lukesjournalcmdfa.com/2024/11/05/jesus-and-dementia-rev-ben-boland/>)

Comment: This is a good article to read for Christians in healthcare who are treating older persons with dementia.

Christian Mindfulness

David Wang at the Fuller School of Psychology in Pasadena, California, responds to Doug Oman’s article “Mindfulness for global public health: Critical analysis and agenda.” In his response to the article, Wang discusses the global public health implications of mindfulness in the context of Christianity. He explores contemporary and ancient Christian contemplative practices emerging from Western contexts, making reference to *The Practice of the Presence of God* (1982) by Brother Lawrence, a Carmelite monk in the 16th century; the contemplative practices involving Ignatian exercises by Ravier (2018); *The Cloud of Unknowing* by Bangle (2006); and *Sacrament of the Present*

Moment by de Caussade (2009). He examines the tension between the Transcendent and the therapeutic, since Christian contemplation was originally intended to produce union with God, not necessarily improvement in mental health. Wang concludes: “Future research that seeks to engage and contextualized mindfulness to Christian audiences must rigorously contend with the reality of Christianity as a truly global religion, with the majority of adherents now residing within the Global South. In light of this, contextualization efforts must not only speak to the diversity of expressions of Christian spirituality (which may in turn hold different levels of openness and reservation to the practice of mindfulness) but also be led by religious leaders and mental health professionals that reside outside the West.”

Citation: Wang, D. C. (2024). Christian mindfulness and global public health: A commentary and agenda. *Mindfulness*, EPUB ahead of press.

Comment: See also Koenig, H. G. (2023). Person-centered mindfulness: A culturally and spiritually sensitive approach to clinical practice. *Journal of Religion and Health*, 62(3), 1884-1896 (<https://doi.org/10.1007/s10943-023-01768-w>).

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, January 28, 2025, at 12:00-1:00 EST (New York time), and will be delivered by **Byron Johnson, PhD**, Distinguished Professor of the Social Sciences, Baylor University. The title for his presentation is: **Update on Global Flourishing Study**. 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/>.

Provide Input on NIA’s Strategic Directions for Research, 2026-2030

Go to the following website to learn how to provide input to the National Institute on Aging’s funding priorities over the next 5 years. This may help steer them towards greater support for spirituality and health research. Link is

<https://www.nia.nih.gov/about/provide-input-nias-strategic-directions-research-2026-2030>.

NIH Religion, Spirituality, and Health Scientific Interest Group Webinar: Repeat Announcement

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-uS5xiPEIXHEQbUd9x5Syemc1Mn4ylbkHLbYZ.IMu5EyyWbN34S0IG>. 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.

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

SPECIAL EVENTS

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 or go to <https://sites.duke.edu/csth/files/2024/10/Duke-University-Moral-Injury-Workshop.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 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.medicineandreligion.com/>.

Faith & Science Conference in Rome



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

RESOURCES

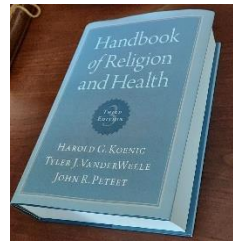
Books

The Oxford Handbook of Psychology and Spirituality (2nd ed.)

(Oxford University Press, 2024)

From the publisher: "A Spiritual Renaissance of Psychological Science has arrived: an explosion of rigorously derived, foundationally new models of human experience. The collective vision of psychological science in the second edition of the *OUP Handbook of Psychology and Spirituality* advances psychological research beyond 20th-century radical materialism and mechanism, to inform the rapidly evolving spiritually oriented global Zeitgeist that surrounds academia. In the first edition of the *OUP Handbook of Psychology and Spirituality*, leading researchers asserted a foundational new paradigm of spirituality and psychology, based upon an ontology that holds consciousness as primary, termed postmaterialism. The most recent decade has spawned scholarly societies such as Academy for the Advancement of Post-Material

Science and Open Sciences catalyzing energetic collaboration, inquiry, and discovery, engaging scientists to expand our understanding of the inherent spiritual nature of humanity and revolutionize our understanding of the human psyche. Studies reported in this volume, in design, data analysis, and interpretation, reveal a scientific migration from the conceiving of the “hermetic human,” quite reflective of anthropocentric solipsism (as in 20th-century psychology) to a view of the “open-system human,” ontologically existing as part of a surrounding field of consciousness, information, love and intention. Reported MRI studies in this volume explore consciousness not as resolutely epiphenomenal of the brain nor as secondary to the foundational material brain, but as existing both independently and broadly in and through mind, brain, human biology, and all life. Some of the scholars in this volume show a radical shift for science in acknowledging a central “Source of consciousness,” understood as a Higher Power, G-d, a generative intelligence in the universe. Known by many names to the world religious, wisdom, and cultural traditions, here scientists observe a site line once found exclusively through religion through the lens of science. Postmaterialism now reorients clinical conceptualization, the goals and method of psychotherapy. In the second edition, several clinical scientists take spiritual awareness as core to mental health, whole person development, and human biology. Psychological healing is part and parcel of spiritual growth and expanding human awareness. Absent in this volume is the vestige of monolithic pathologizing of transcendent perception and of suffering per se. Through this new lens, humans suffer when we limit our awareness and shut down perception of our connection with the fullness of existence. Naturally, then, we feel isolated, disempowered, and the existential emptiness of being narrowly self-focused and generally self-serving. Depression and narcissism perhaps even derive from our inherent telos to become more than a closed system, hermetic humans, from our starving to join the broader family of life. An inner struggle, often seen as a sub-type or form of depression called developmental depression, ignites and invites expansion of awareness. Treatment then moves from the narrow directive of mitigating symptoms and regaining functionality, to an opportunity for profound awakening into an alignment with the field of life. In a quest for augmenting spiritual awareness, clinical psychology moves from the postindustrial aim of “fix-it back to baseline,” forward to a spiritual response to suffering, as foundation in renewal and growth. Our contemporary university students (who came of age while pulling information out of the air by cell phone) are eager to discover “open system” models of consciousness, as much to hold personal experience as to gain insight into academic direction. Now more than two decades into the 21st century, human psyche is seen as continuous with broader conscious field in and through nature, such that scientists meet here across so-called subdisciplines of physics, biology, medicine, and history. Science holds a mirror to long-standing spiritual truths held in religion and wisdom traditions. Now is a global inflection point in our historical understanding of human nature within a greater universe. Here society evolves from a scientific new vision.” Available for \$144.51 (hardcover, used) or \$156.75 (Kindle) at <https://www.amazon.com/Handbook-Psychology-Spirituality-LIBRARY-PSYCHOLOGY/dp/0190905530/>.



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

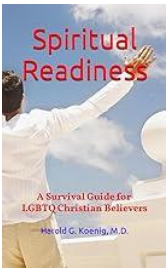
From the publisher: “The Handbook of Religion and Health has become the seminal research text on religion, spirituality, and health, outlining a rational argument for the connection between religion and health. For the past two decades, this handbook has been the most cited of all references on religion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



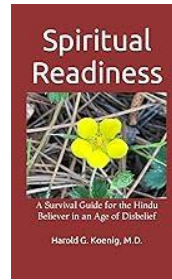
Spiritual Readiness: A Survival Guide for the Christian Believer in an Age of Disbelief

(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/>.



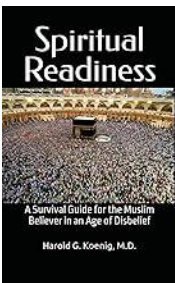
Spiritual Readiness: A Survival Guide for LGBTQ Christian Believers

(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/>.



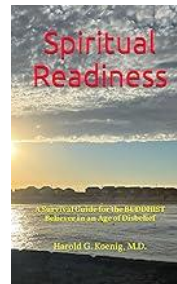
Spiritual Readiness: A Survival Guide for the Hindu Believer in an Age of Disbelief

(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-Readiness-Survival-Believer-Disbelief/dp/B0CR6TM4W3/>.



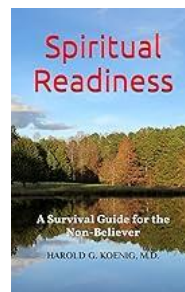
Spiritual Readiness: A Survival Guide for the Buddhist Believer in an Age of Disbelief

(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-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-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, 303 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 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>.

2025 CSTH CALENDAR OF EVENTS...

January

- 1/23 **U.S. Air Force Special Operations Community**
8:45-5:15 EST (New York time) (online by Zoom)
Title: Moral Injury Workshop for USAF Chaplains
Speaker: Harold G. Koenig, M.D.
Contact: Capt Lance Lormand (lance.lormand@us.af.mil)

- 1/28 **Spirituality and Health Research Seminar**
12:00-1:00 EST (New York time, online by Zoom)
Title: Update on Global Flourishing Study
Speaker: Byron Johnson, PhD, Distinguished Professor of the Social Sciences, Baylor University, Texas
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

- 1/30 **Psychiatry Grand Rounds**
McGill University Health System
Quebec, Canada (12:00-1:30, New York time, online only)
Title: Religion, Spirituality and Mental Health: Research and Clinical Applications
Speaker: Dr. Koenig
Contact: Dr. Simon Ducharme (simon.ducharme@mcgill.ca)

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

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