CROSSROADS…

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology, and Health Volume 14 Issue 9 Mar 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 February 2025) go to: https://spiritualityandhealth.duke.edu/index.php/publications/crossroads/

LATEST RESEARCH

Spirituality as a Determinant of Public Health

In this systemic review of the empirical evidence on spirituality, serious illness, and population health published between 2000 in 2022 (based on an earlier 2022 study published in JAMA), these researchers -- most of whom are from Harvard University -- examine the data and make recommendations for public health. They argue that medical, psychosocial, and behavioral researchers need to recognize spirituality as a social determinant of health, and as a result, incorporate person-centered, evidence-based approaches to spirituality into healthcare practice and research, and provide spiritual care education to health professionals and spiritual care and support within healthcare systems. Considerations for the future of public health are also provided. The authors conclude: "In the reimagined clinical and public health system, spiritual factors would be routinely considered in creating person- and community-centered policy and practice. Although the intersections between spirituality and well-being have existed through millennia, a compelling body of empirical research currently allows policymakers to learn from and build on numerous contemporary models of integrated health policies and practices…public health systems must seek additional ways to recognize spiritual determinants of health as a vital dimension, and extension, of whole-person, whole-community well-being."

Citation: Long, K. N., Symons, X., VanderWeele, T. J., Balboni, T. A., Rosmarin, D. H., Puchalski, C., ... & Koh, H. K. (2024). Spirituality as a determinant of health: Emerging policies, practices, and systems: Article examines spirituality as a social determinant of health. Health Affairs, *43*(6), 783-790.

Comment: Published in an opinion leading journal, this article summarizes the implications that results from spirituality/religion and health research have for public health, authored by a prominent group of researchers from Harvard University and other top institutions in the U.S.

Cognitive Function and Religiosity in Europe

Investigators from the department of public health, University of Southern Denmark, and other universities in Denmark and the United States, analyzed data from a prospective study of 17,756 Europeans age 50 or older from 10 European countries (SHARE study). Follow-up was from baseline (Wave 1) to up to 15 years later. Religiosity was assessed at baseline (Wave 1) by (a) whether participants took part in a religious organization (yes vs. no), (2) frequency of prayer (pray vs. not pray), and (c) religious education by parents (yes vs. no). Religious affiliation was also assessed (Catholic 42.5%, Protestant 25.9%, Orthodox/Muslim/ other 14.8%, and "none" 16.8%). Participants were categorized into 5 different groups: (1) non-religious (18.8%; did not attend religious services in the past month, did not pray, and were not religiously educated by parents); (2) religious only in childhood (20.8%; received religious education from parents, but not involved in attending religious services or praying at present); (3) religious education in childhood and either praying or attending religious services at present (43.2%); (4) did not receive religious education by parents, but reported praying and/or participating in a religious organization at present (7.2%); and (5) persistently religious (10.0%; received religious education, participates in a religious organization and prays at present). Cognitive function was assessed by 3 tests: (1) verbal fluency (name as many animals as possible in 60 seconds); (2) immediate recall (remember a set of 10 words immediately after hearing them); and (3) delayed recall (remember words after being asked other questions in between). Mixed effects linear regression models were used to analyze the data while controlling for sex, region, age, wave of survey, having a partner in household, education, income, and location of residence. P values for statistical significance were adjusted downward to correct for multiple testing. **Results**: Regression analyses including the entire sample indicated a significant positive effect of baseline religious service attendance on cognitive function (b= 1.04, 95% CI = 0.71-1.37); these effects were present in both genders but were stronger among women and in Western and Southern Europe. No effect was found for prayer on cognitive function. Being religiously educated, however, predicted significantly worse cognitive functioning overall (b= -0.59, 95% CI = -0.93 to -0.25), with the effect greater in women, and greater in Western Europe. With regard to religious category, where the reference group was non-religious, those in Western Europe who were religious in childhood and partly in adulthood (category #3) were at greater risk for significantly worse cognitive function, whereas those who were persistently religious and from Southern Europe were significantly more likely to have better cognitive function (b= 2.44, 95% = 0.95-3.94) compared to the non-religious. Researchers concluded: "Our findings indicate that religious service attendance, and to a certain extent, prayer is associated with better cognitive function. However receiving religious education in childhood may be linked to lower cognitive function."

Citation: Ahrenfeldt, L. J., Stripp, T. A., Möller, S., Viftrup, D. T., Nissen, R. D., & Hvidt, N. C. (2024). Cognitive function among religious and non-religious Europeans: a cross-national cohort study. Aging & Mental Health, *28*(3), 502-510.

Comment: Given the large sample size and prospective nature of this study, along with the careful statistical analyses, these findings

are particularly important. Why religious education during childhood predicted worse cognitive functioning among these older adults later in life is not clear. Although this might have been due to lower socioeconomic status and less education among those receiving religious education in childhood (religiosity tends to be associated with lower education and less income), investigators controlled for both education and income in their analyses. Unfortunately, researchers did not control for physical health, which could have explained the positive relationship between engagement in a religious organization and better cognitive functioning (i.e., reverse causation).

Religious Doubt and Depression in Later Life

Researchers from the department of sociology at Baylor University analyzed data from 2 waves of the *Religion, Health, and Aging Study* conducted in 2001 and 2004 in the United States, which involved 639 Christian adults aged 65 years or older. The purpose was to determine whether support from a pastor reduced the negative effects on mental health of having religious doubt in later life. Participants at baseline involved a nationally representative sample of 1500 older adults, with 639 completing all measures at baseline and follow-up (Waves 1 and 2). Religious doubt was assessed at by the following 5 questions: (1) "How often do you have doubts about your religious or spiritual beliefs?"; (2) "How often do you have doubts about the things you been taught in church?"; (3) "How often do you doubt whether solutions to your problems can be found in the Bible?"; (4 "How often do you doubt whether your prayers make a difference in your life?"; and (5) "How often do you doubt that God is directly involved in your life?" The primary outcome was depressive symptoms assessed by the 8-item CES-D (administered at Wave 1 and 2). Participants were also asked 7 questions to determine their level of pastoral support (assessed only at Wave 2). These questions, for example, included "How often does your minister/pastor/priest speak with you privately about your problems and concerns?" and "When talking with your minister/pastor/priest on an individual basis how often does he/she expressed interest and concern in your well-being?" All questions were answered on a scale from 1 (never) to 4 (very often). Higher scores indicated greater perception of pastoral support. Lagged dependent variable regression analysis was used to determine whether increases in religious doubt were associated with increases in depression over time and whether greater pastoral support reduced the relationship between religious doubt and depression. Covariates assessed at Wave 1 and controlled for in analyses in included race, gender, age, marital status, educational attainment, self-reported religious attendance, and frequency of daily prayer (along with baseline depressive symptoms). **Results**: In males (n= 230), increasing religious doubt was positively associated with depression in the final model (b= 1.06, SE = 0.24, p<0.001). This relationship was moderated by pastoral support (pastoral support help to reduce the positive association between religious doubt and depression; interaction b= -0.43, SE = 0.11, p<0.001). In females (n= 421), increasing religious doubt was also positively associated with depression in the final model (b= 0.31, SE = 0.15, p<0.05). This relationship, however, was not moderated by pastoral support (interaction b= -0.10, SE = 0.09, p=ns). Researchers concluded: "Results from lagged dependent variable models suggest that increases in religious doubt are associated with increases in depression over time, and that greater pastoral support attenuates the relationship between increases in religious doubt and depression, but only for men."

Citation: Upenieks, L., Bonhag, R., & McGowan, A. C. (2024). Religious doubt and depression in later life: Gender differences in the buffering role of supportive pastoral relationships. International Psychogeriatrics, *36*(8), 643-654.

Comment: These findings, from a well-done study by highly-respected well-known religion-health researchers, are relevant to mental health care providers who treat older patients.

Religious Coping and Pain Endurance in Arab Older Adults with Chronic Pain

Investigators in the geriatric nursing department at Cairo University in Cairo, Egypt, and at other universities in Egypt and Saudi Arabia, conducted a cross-sectional survey of 200 older Arabs (average age 73) with chronic pain. Religious coping was assessed by the 15-item Brief Arab Religious Coping Scale (BARCS), with higher scores indicating greater religious coping (range 0-45). Pain level was assessed by the 11-point Numeric Rating Scale, which was used to assess two aspects of pain: average pain intensity over the past month (0 = no pain to 10 = worst possible pain) and pain endurance (0 = not at all to 10 = extremely well). Quality of life (QOL) was assessed by the 26-item WHOQOL-BREF. Pain diagnoses were osteoarthritis (31%), lower back pain (40%), neuropathic pain (16%), musculoskeletal pain (9%), and other (5%). Pain duration was 49 months on average. Participants were 63.5% Muslim and 36.5% Christian. Regression analyses controlled for age, gender, education, income, occupation, and religious affiliation. **Results**: Pain tolerance/endurance was significantly associated with positive reappraisal and active coping dimensions of the religious coping scale. Regression analyses indicated that pain tolerance/endurance was significantly related to the following dimensions of the religious coping scale: positive reappraisal (b= 0.20, p=0.02), active coping (b= 0.22, p= 0.01), and religious support (b= 0.17, p= 0.05). Researchers concluded: "Findings underscore integrating positive faith-based resources in biopsychosocial paradigms for Older Adult's pain management. Additional research should investigate causal pathways and contextual factors influencing religious coping effects on diverse Older Adult subgroups."

Citation: Shaban, M., Shaban, M. M., Zaky, M. E., Alanazi, M. A., Ramadan, O. M. E., Mo, E., ... & Ali, S. I. (2024). Divine resilience: unveiling the impact of religious coping mechanisms on pain endurance in Arab older adults battling chronic pain. Geriatric Nursing, *57*, 199-207.

Comment: Important findings in Arab older adults, replicating findings reported in the West.

Divine Control and Mental Health in the United States

Investigators in the department of sociology at Baylor University, University of Toronto, and University of Texas analyzed data on a cross-sectional study of 999 adults participating in Wave 5 of the 2017 Baylor Religion Survey (a nationwide survey involving a sample of 1,501 participants). Only those believing in God were included in this analysis. The purpose was to examine whether the mental health benefits of perceived divine control differed depending on various images of God and the participant's level of education. Images of God were categorized as authoritative, benevolent, critical, and distant (based on the work of Froese and Bader). Perceived divine control was assessed by a 4-item measure (Scheiman, 2006): (1) "I decide what to do without relying on God" (reverse scored); (2) "When good or bad things happen to me, I see it as part of God's plan for me"; (3) "God has decided what my life will be"; and (4) "I depend on God for help and guidance." The dependent variables in this study were anxiety symptoms (assessed by a 5-item version of the Beck Anxiety Inventory) and depressive symptoms (assessed by the 10-item CES-D). Education level was examined using a 9-category question, which for analysis was dichotomized into 0 = less than a college degree (reference group) and 1 = college degree (four-year bachelors' degree) or higher. Controlled for in regression

analyses were age, race, marital status, gender, religious attendance, and denominational affiliation. **Results**: Perception of an authoritative God was significantly and positively related to greater anxiety (b= 0.76, p<0.01), although no other images of God were related to anxiety. Perception of an authoritative God was also positively related to depressive symptoms (b= 0.59, p<0.01). This was in contrast to perceptions of a benevolent God, which was inversely related to depression (b=-0.49, p<0.05). There was also an interaction between God image, divine control, and education level. Those with a college degree reported worse mental health if they had high levels of divine control beliefs and an authoritative or critical God image, although the best mental health was found in college graduates reporting a high of divine control and a benevolent image of God. Researchers concluded: "Results suggest that individuals with a college degree tend to report worse mental health if they also exhibit high levels of divine control beliefs and authoritative or critical God images. For those without a college degree, mental health was optimal when perceived divine control beliefs were low and their images of God were either authoritative or critical. For those with a college degree, the best mental health profiles were observed among those who reported high levels of divine control and a benevolent God image."
Citation: Upenieks, L., Orfanidis, C., & Hill, T. D. (2024). The nature of power: Elaborating the association between divine control and mental health. Society and Mental Health, *14*(3), 216-239.
Comment: Another excellent study (based on a thoughtful theoretical model, comprehensive analysis of data, and solid interpretation of the findings) conducted by widely renowned sociologists of religion.

Relationship between Religiosity and Alcohol / Tobacco Use in Heterosexuals and LGBTQIA+ People

Investigators in the departments of psychobiology, social psychology, and psychiatry at the Federal University of Sao Paulo, Brazil, analyzed data from an online survey (convenience sample) of 5,007 persons ages 18 or older in Brazil. The purpose was to examine the relationship between strength of religious belief, strength of atheistic belief, and alcohol/tobacco consumption in heterosexual (n=3,644) and LGBTQIA+ people (n=1,363). Religious and atheistic belief was assessed by a single question: "What is your belief/religion/religious or non-religious position?" Participants were categorized into either (1) religious (Catholics, Evangelicals [Protestants], Spiritualists, Umbandist, etc.) or (2) atheists (people identified as atheists or agnostics). Religious pluralism was also assessed by the same question; participants were categorized into (1) non-plural (those who indicated only one religious affiliation, 69.5%), (2) incompatible plurals (individuals who marked 2 or more options that were contradictory such as atheist and evangelical, 17.0%), and (3) compatible plurals (those who marked 2 or more options that were largely equivalent such as Baptist and Presbyterian, 13.5%). Participants completed the 10-item Centrality of Religiosity Scale (Huber) to determine their strength of religiosity (and then categorized by score into low, medium, and high religiosity), and the Dimensions of Secularity Scale (DOS) to assess degree of atheism (and then categorized into high, medium, and low atheism). Alcohol and tobacco consumption (the dependent variable) was assessed by the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST). Regression analyses included sex, sexual orientation/ gender identity, age, marital status, and other demographic factors. Strength of religious belief was also examined as a moderator of the relationship between sexual orientation/gender identity and the dependent variable (alcohol, smoking, and other substance use).

Results: With regard to alcohol consumption, those with high religiosity were less likely to consume alcohol (b= -1.33, SE = 0.29, p<0.001). LGBTQIA+ people were more likely than heterosexuals to consume alcohol (b= 1.73, SE = 0.24, p<0.001), as were those indicating incompatible religious pluralism (vs non-plural) (b= 1.14, SE = 0.28, p<0.001). Heterosexuals who were categorized as medium/low atheism were also less likely to consume alcohol in the final model (b= -2.00, SE = 0.33, p<0.001). In contrast, those who identified as LGBTQIA+ and low or medium levels of atheism were at greater risk (b= 2.12, SE = 0.77, p<0.01), as were LGBTQIA+ people with high religiosity (b= 1.14, SE = 0.58, p<0.01) and LGBTQIA+ people with medium religiosity (b= 1.57, SE = 0.41, p<0.001). However, no relationship was found with alcohol use among LGBTQIA+ people with low religiosity. With regard to cigarette smoking, those with low/medium atheism were more likely to use tobacco than those with high atheism (b= 1.15, SD = 0.58, p<0.01). LGBTQIA+ people were more likely than heterosexuals to smoke tobacco (b= 1.87, SE = 0.30, p<0.001), as were those indicating incompatible pluralism (b = 1.55, SE = 0.35, p<0.001). Heterosexuals who indicated low/medium atheism were also at greater risk (b= 1.42, SE = 0.72, p<0.05). Also at greater risk were heterosexuals indicating low religiosity (b= 1.23, SE = 0.48, p<0.01), LGBTQIA+ people indicating high atheism (b = 2.03, SE = 0.95, p<0.05), LGBTQIA+ people with low/medium atheism (b = 2.57, SE = 0.51, p<0.001), and LGBTQIA+ people with high religiosity (b= 2.57, SE = 0.51, p<0.001). Again, no relationship with tobacco consumption was found among LGBTQIA+ with low religiosity.
Citation: Chagas, C., Martins, L. B., Cristine Santos de Paula, T., Zangari, W., & Galduróz, J. C. F. (2025). Investigating the hypothesis of the strength of religious and atheistic belief for alcohol and tobacco consumption in heterosexual and LGBTQIA+ people. International Journal for the Psychology of Religion, *35*(1), 1-13.
Comment: LGBTQIA+ people are higher risk for alcohol and tobacco consumption than are heterosexuals. High religiosity overall appears to be protective against alcohol and tobacco consumption, except in LGBTQIA+ people. Among heterosexuals, low/medium atheism also appears to be protective against alcohol and tobacco consumption. Among LGBTQIA+, high religiosity appears to be a risk factor for both alcohol and tobacco consumption, whereas no such relationship was found among LGBTQIA+ with low religiosity. This is a relatively well done study, with good controls for potential confounders. The impact of religious strain in highly religious LGBTQIA+ people is evident here.

Religious Belief and Depression/Anxiety in Chinese Adolescents

Investigators in the department of neurology at Nanjing University of Chinese Medicine in Suzhou, China (along with researchers at several other Chinese universities) analyzed data from a cross-sectional study of 11,603 adolescents in grades 7-9 (average age 14) located in several Chinese cities. This online study took place in March 2020 near the start of the COVID-19 pandemic. The purpose of this study was to examine the association between religious belief, depressive symptoms, and anxiety symptoms. Students were asked whether they held religious beliefs (yes vs. no) and what type of religion. Depressive symptoms were assessed by the PHQ-9 and anxiety symptoms by the GAD-7. Multivariate regression analyses controlling for age, sex, and marital status of parents. **Results**: Only 7.7% of Chinese adolescents had religious beliefs. Religious affiliations of those with religious beliefs included Buddhist (80.5%), Christian (11.8%), Muslim (2.6%), and other religious belief (5.1%). Regression analyses indicated that religious belief was positively associated with depressive symptoms (b= 0.76, 95% CI = 0.47-1.04, p<0.001; OR = 1.37, 95% CI = 1.16-1.61) and with anxiety symptoms (b=

0.62, 95% CI = 0.38-0.85, p<0.001; OR = 1.49, 95% CI = 1.23-1.79). Researchers concluded: "Our findings suggest that religiousness in adolescence was associated with a higher likelihood of depression/more intense depressive symptoms. In addition, religious Chinese adolescents should be provided with more resources to help them cope with mental health concerns."
Citation: Li, L., Liu, X., Wang, P., Qu, M., & Xiu, M. (2024). Correlations of religious beliefs with anxiety and depression of Chinese adolescents. Frontiers in Psychiatry, *15*, 1354922
Comment: Given the cross-sectional nature nature of this study, and the low prevalence of religious belief among adolescents, it is highly likely that these correlations are result of depressed and anxious adolescents turning to religion for comfort in a country where the dominant secular cultural force tends to isolate such individuals.

Religious Involvement and Health Promoting Behaviors in South Koreans

Investigators from the department of nursing at Red Cross College of Nursing and Chung-Ang University in Seoul, Korea, analyzed data from a cross-sectional online survey of 820 Korean adults ages 19-64 during the COVID-19 pandemic (November 2021). Examined were factors associated with psychological capital, social support, illness attitude, and health promoting behaviors. Religiosity was assessed by a single question (yes vs. no). Mental health was assessed in terms of self-efficacy, optimism, hope, and resilience. Social support was measured by a standard 25-item scale assessing emotional, appraisal, informative, and instrumental support. Illness attitude toward COVID-19 was assessed by a 30-item scale measuring fear of illness, fear of death, obsession with bodily sensation, normative attitude toward hygiene, defensive attitude toward hygiene, and distress in experts and sanitary products. Finally, health promoting behaviors were measured by the 52-item Health-Promoting Lifestyle Profile-II, which assesses interpersonal relations, nutrition, health responsibility, physical activity, stress management, and spiritual growth (where spiritual growth was measured quite broadly by agreement with statements such as such as "find ways to meet my needs for intimacy" and "am aware of what is important to me in life"). Data were analyzed using regression models that examined the relationship between religiosity and health-promoting behaviors controlling for mental health, social support, illness attitude, and perceived physical health. **Results**: *Absence* of religiosity was inversely related to health promoting behaviors (i.e., those who indicated they were religious were more likely to engage in health promoting behaviors) (b=-0.084, SE = 0.024, p=0.001), independent of other positive predictors of health promoting behaviors such as mental health, social support, illness attitude, and perceived physical health status. Researchers concluded: "We identified religiosity, perceived physical health status, PsyCap [mental health], social support, and illness attitude toward COVID-19 as significant factors associated with health-promoting behaviors in the dynamic context of the pandemic."
Citation: Kim, Y., Chae, H., Kwak, Y. H., & Kim, J. S. (2025). Factors associated with health-promoting behaviors among South Korean adults: A cross-sectional study. Public Health Nursing, *42*(1), 265-274.
Comment: Even after controlling for several likely pathways by which religious involvement often enhances health promoting behaviors (i.e., through better mental health, greater social support, more positive illness attitude, and better physical health), researchers still found a significant positive relationship between religiosity and health promoting behaviors, underscoring the strength of this relationship.

Religiosity, Social Disconnectedness and Mental Health in Pakistan during COVID-19

Investigators analyzed data from an online cross-sectional survey of a convenience sample of 450 adults age 18 and older in Pakistan conducted during the COVID-19 pandemic. The purpose was to examine the impact of social disconnectedness on mental health, and the moderating effect of family support and religious commitment on this relationship. Measures included a 7-item measure of social disconnectedness (Lee & Robins, 1995), a 10-item measure of psychological distress (Andrews & Slade, 2001), a 10-item measure of religious commitment (Worthington, 2003), and a 16-item measure of family support (Valentiner, 1994). Structural equation modeling was used to analyze the data. **Results**: Social disconnectedness was strongly and positively related to psychological distress (b= 0.44, SD = 0.07, p<0.001). Religiosity strongly moderated the relationship between social disconnectedness and psychological distress (b= -0.17, SE = 0.05, p<0.001) such that at higher levels of religiosity the relationship between social disconnectedness and psychological distress was significantly weaker. A similar finding was found for the moderating role of family support. Researchers concluded: "The study highlights the critical need for policymakers to integrate culturally relevant support mechanisms, such as family and faith-based interventions when designing public health strategies. Incorporating such approaches can mitigate the mental health repercussions of future crises, ensuring holistic community well-being while combating pandemics."
Citation: Butt, A., Shahzad, M. F., Lodhi, R. N., Shahzad, M. K., & Nigar, N. (2025). Wellness under pandemic: a study of family support and religious commitment as antidotes to psychological distress under social disconnectedness policy in Pakistan. Current Psychology, 1-16.
Comment: A well-done study with important results and advice for policymakers in Pakistan.

Religiosity and Violence in a Muslim society

Academic researchers from a number of prominent universities in Indonesia analyzed data from a 2020-2025 cross-sectional study of 100 persons ages 25 and older recruited from Solo, Indonesia. The purpose was to examine the association between religiosity and propensity to violence. Religiosity was measured by religious affiliation, religious importance, and religious attitudes. Religious importance was assessed by the question "How important is religion in your life?", with response options being either unimportant/irrelevant/irreligious (0) or important/very important (1). The method of assessing religious attitudes was not described. In terms of violence, involvement in physical fights was assessed in the past 12 months (0 = never; at least once = 1); domestic violence in past 12 months was measured by physical assault of one's partner (0 = never; at least once = 1); and seriousness of the offense was measured by detainment or arrest by police in past 12 months (0= no; 1 = yes). Logistic regression was used to analyze relationships controlling for age, sex, education, marital status, depression, social support, and alcohol dependence. **Results**: Religious attitudes were associated with reduced involvement in fights and fewer police arrests, whereas the importance of religion was only associated with fewer fights. Amazingly, no statistical findings or numbers were actually presented in this paper. Only a review of the literature and a summary of the results were presented with no data. Researchers concluded: "These findings suggest that Solo's religiosity appears to be an important factor associated with low levels of violence in this nationally representative survey, and alcohol dependence appears to mediate this relationship. These findings should be examined by the Minister of Religion, Education, and Health."
Citation: Amini, S., Ismail, R., Aryani, S. A., & Nirwana, A. (2024). Religiosity to minimize violence: A study of Solo Indonesian society. Revista de Gestão Social e Ambiental, *18*(6), 1-22.

Comment: In the most religious country in the world (Indonesia) and the home of a majority of the world's Muslims, these findings are very important (although no actual findings or data were reported in this paper).

Religiosity and Financial Management Behavior in Indonesia

Researchers from the management department, faculty of economic and business, University of Indonesia and International Islamic University of Malaysia, analyzed data on 1,141 Muslims ages 18-65 in Indonesia to determine the effects of religiosity and Islamic financial literacy on financial behavior and financial well-being. An online cross-sectional survey was conducted in May-June 2021 involving Indonesian adults. Religiosity was assessed by the 15-item Centrality of Religiosity Scale (Huber), which assesses 5 dimensions of religiosity (intellectual, ideological, public practice, private practice, religious experience). Islamic financial literacy was assessed by questions measuring individual's knowledge related to prohibition of financial actions that are uncertain/hazardess/risky, usury (lending money at unreasonably high interest rates), and gambling. Healthy financial management behavior was assessed by a 12-item scale (Stromback et al., 2017). Finally, financial well-being was measured by a 6-item scale having to do with financial anxiety and financial security (also by Stromback). The data were analyzed using structural equation modeling. **Results**: Religiosity was positively related to healthy financial management behavior (b= 0.074, SE = 0.013, p<0.05) and financial well-being (b= 0.286, SE = 0.120, p<0.005). Researchers concluded: "The results indicate that the centrality of religion in the lives of Muslim consumers and Islamic financial literacy significantly affects their financial management behavior and financial well-being."
Citation: Wijaya, H. R., Hati, S. R. H., Ekaputra, I. A., & Kassim, S. (2024). The impact of religiosity and financial literacy on financial management behavior and well-being among Indonesian Muslims. Humanities and Social Sciences Communications, *11*(1), 1-13.
Comment: This is one of the few studies from Indonesia examining the effects of religiosity on financial management behavior and well-being among Muslims.

Religiosity, Family Support, and Quality of Life in Patients with Acute Myocardial Infarction in Indonesia

Researchers at several universities in central Java, Indonesia, analyzed data from a small survey of 46 hospitalized patients with acute myocardial infarction (AMI). Participants completed the 16-item Daily Spiritual Experiences Scale (called "religiosity"), the 16-item Saragih family support questionnaire, and the 27-item MacNew Health-Related Quality of Life Scale (QOL). The majority of participants (61%) were 51-70 years old. Bivariate analyses were conducted (sample too small for multivariate analyses). **Results**: Religiosity was positively correlated with QOL (r=0.934, p<0.001), as was social support (r=0.936, p<0.001). Researchers concluded: "So, the patient must increase the level of religiosity and their families should be more supportive to improve QOL."
Citation: Faizin, C., Meilani, L., & Noviasari, N. A. (2025). The relationship between level of religiosity and family support with quality of life of AMI patients. Mutiara Medika: Jurnal Kedokteran dan Kesehatan, *25*(1), 43-49.
Comment: We mentioned this quite modest study only because it is one of the few studies examining the relationship between religiosity and QOL among hospitalized patients with AMI in the Muslim country of Indonesia.

Religiosity, Premarital Sexual Permissiveness, and Abortion Attitudes in Vietnam

Researchers analyzed data from a sample of 656 participants ages 17-34 living in northern, central, southern, and the central highland regions of Vietnam in 2022-2023. The 5-item Duke University Religion Index (DUREL) was used to assess religiosity (organizational [ORA], non-organizational [NORA], and intrinsic religiosity [IR]). Sexual permissiveness was assessed by the 4-item Permissiveness Scale in Premarital Sex (PSP); abortion attitudes by the 14-item Abortion Attitudes Scale (AAS); and filial piety by the 10-item Contemporary Filial Piety Scale (CFPS). Structural equation modeling was used to analyze the data. **Results**: Higher levels of IR were significantly associated with more negative attitudes towards abortion and higher scores on filial piety; the association between IR and negative attitudes toward abortion was mediated by filial piety. There was also an indirect negative relationship between IR and sexual permissiveness, which was mediated by negative attitudes towards abortion. Researchers concluded: "These insights offer a deeper understanding of how religiosity and filial piety influence abortion attitudes among individuals in Vietnam."
Citation: Nguyen, P. T., Nguyen, V. H. A., Truong, T. K., Nguyen, T. B., Luu, K., Le, V. T., ... & Tran-Chi, V. L. (2025). Vietnamese religiosity, premarital sexual permissiveness, and abortion attitudes: the mediating role of filial piety. Discover Mental Health, *5*(1), 10.
Comment: An interesting study in a country (Vietnam) where research on religion and spirituality is uncommon. Nearly 75% of the population of Vietnam is Buddhist.

Religiosity and Telomere Length: Systematic Review

Researchers in the department of medicine at Yale University and department of nursing in other U.S. universities conducted a systematic review of research examining the relationship between religiosity and telomere length (telomere length is a widely recognized intracellular, chromosome-related indicator of human longevity). Standard procedures were conducted to identify studies reported in 7 academic databases. Of the 381 studies identified, 46 met screening criteria and 8 studies met final inclusion criteria. **Results**: Of the 8 studies, 2 found no relationship between religiosity and telomere length, 3 reported a positive relationship, and 3 reported an equivocal or ambivalent relationship. Researchers concluded: "Religiosity may be associated with telomere length, but results vary widely across the diverse studies included. Longitudinal studies with adequate sample size are needed to determine this association more rigorously."
Citation: Doolittle, B. R., Britt, K. C., Lekwauwa, R., Sebu, J., & Boateng, A. (2025). The association of telomere length and religiosity: A systematic review. Biodemography and Social Biology, EPUB ahead of press (https://doi.org/10.1080/19485565.2024.2448946).
Comment: The effects of religiosity on telomere length may help to explain the impact that religious involvement has on increasing longevity. This comprehensive systematic review provides a baseline for future studies.

Spiritually-Integrated CBT in Men with Long-Term Addiction Problems

Researchers at Rutgers University and other US universities conducted a pilot study of a CBT-based clinical intervention based on the Framework of Spirituality in order to demonstrate the feasibility and preliminary efficacy of this intervention. CBT-STE (self-transcendent experience), which is a CBT-based manualized 10 session group therapy intervention to promote spiritual experience through healing from trauma, was administered to 15 men in a long-term addiction problems living in residential treatment settings with histories of multiple treatment failures and

an average 4 years of incarceration. Effects were measured with pre- and post-intervention assessments that measured psychological well-being and spiritual/mystical/ numinous experiences. The intervention was done sequentially on two cohorts to assess replicability. Outcome measures included ASPIRES (Assessment of Spirituality and Religious Sentiments Scale), NMI (Numinous Motivation Inventory), Hood Mysticism Scale, NIH-HEALS (NIH-Healing Experience of All Life Stressors Scale), and the WEMWBS (Warwick-Edinburgh Mental Well-being Scale). **Results**: Total scores on all scales showed statistically significant improvements from pre- to post-intervention. The pattern and magnitude of change was similar for both treatment groups with 14 of 15 men self-reporting a very strong (4 on scale of 1-5) or extreme spiritual experience with this intervention. Major limitations were inclusion of only male participants and lack of a control group.
Citation: Chatlos JC, Piedmont RL, Cooperman NA, et al. (2025). Pilot study of a CBT-based intervention for promoting spiritual experience among men in residential addiction treatment. International Physical Medicine & Rehabilitation Journal 10(1):4-13. https://doi.org/10.15406/ipmrj.2025.10.00390.
Comment: This pilot study demonstrates intriguing results among treatment resistant patients with long-term addiction problems.

Religion and Seeking Mental Health Services in the Democratic Republic of the Congo

Researchers examined mental health seeking behaviors among 301 persons in war-torn regions of the Congo in 2021. Participants were 151 individuals seeking help at a "religious listening center" and 150 persons attending a conventional mental health clinic in the conflict zones of the Eastern Democratic Republic of the Congo. Participants were screened for psychiatric symptoms and were asked about motivating factors for seeking help from religious leaders and from formal mental health services. **Results**: In this qualitative study that used a semi-structured questionnaire, nearly 60% seeking spiritual help at the religious listening center had significant psychiatric symptoms, often related to bipolar disorder and schizophrenia spectrum disorder (frequently due to lack of access to formal mental health services). Likewise, of those seeking conventional mental health services, nearly 70% had sought mental health services in their church before seeking conventional mental health services (and 93% had already contacted a religious listening center for spiritual help before coming in). Nearly 50% had been admitted to mental health hospitals 2-4 times, which was often (48%) due to poor inherence to medication treatment. Researchers concluded: "These results highlight the need for greater integration of mental health services with care provided by religious organizations within conflict zones such as the Congo."
Citation: Vivalya, B. M. N., Vagheni, M. M., Piripiri, A. L., & Mbeva, J. B. K. (2025). Religion and mental health seeking behaviors in war-torn zones of the Democratic Republic of the Congo. International Journal of Psychiatry in Medicine, EPUB ahead of press, https://doi.org/10.1177/00912174251316 7.
Comment: This is one of the few studies exploring where persons with serious mental health problems go for treatment in war-torn areas of Africa such as the Congo. The results underscore the importance of collaboration between religious organizations and those who provide formal mental health services.

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, March 25, 2025, at 12:00-1:00 EST (New York time), and will be delivered by **Chaplain Bruce D. Feldstein MD, BCC**, Adjunct Clinical Professor, Department of Medicine, Stanford University School of Medicine. The title for his presentation is: **Working to Integrate Spirituality and Religion in Medicine: Reflection Rounds at Stanford School of Medicine**. PDFs of the Power Point slides for download and full video recordings of most past webinars since July 2020 are available at https://spiritualityandhealth.duke.edu/index.php/education/seminars/.

Center for Spirituality, Theology and Health (CSTH) 2025 Scholars Program

Designed around Duke University's 5-day spirituality and health research workshop, this program provides graduate students or seasoned faculty/researchers/clinicians with an opportunity to spend 3 weeks immersed in learning about spirituality and health research, designing their own research project, and developing a plan to acquire funding to support their research, all under the mentorship of Dr. Koenig. This program will 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.

SPECIAL EVENTS

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/2025/01/2025-Workshop_Tuition_and_Registration-Form.pdf.

23rd Annual David B. Larson Memorial Lecture

(**March 6**, Duke Divinity School, Westbrook Lecture Hall 0116, 5:30-6:30 EST, **on-site only**)
The title of this years lecture to be delivered by Michael Balboni, PhD, Harvard Divinity School, is "Hostility to Hospitality: Rediscovering Medicine in the Midst of Depersonalizing Forces." The talk discusses market, bureaucratic, and techological energies that continue to erode the patient-clinician relationship. Can these energies be resisted or reversed? At the core of medicine remains a sacramental and divine encounter, which if recovered through actions and institutions of hospitality, hold possibility to rejuvenate the beautiful gift of medicine. For more information go to: https://spiritualityandhealth.duke.edu/index.php/scholars/david-b-larson/. This talk is not being recorded or Zoomed.

2025 Conference on Medicine and Religion

(**April 6-8**, Orange County, California)

Sponsored by Loma Linda University, the conference theme this year is, "Nurturing Hope: Expanding Holistic Care at the Margins." The conference 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 (including the session by David R. Williams at Harvard), 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

This is the first regularly scheduled interfaith, international Faith and Science conference, transitioning between: Physics to Creation, Chemistry to Life, Biology to Consciousness, Psychology to Mysticism, culminating in research on Consciousness and Mysticism. The agenda follows the textbook: FAITH AND SCIENCE: A JOURNEY INTO GOD'S MYSTICAL LOVE by Deacon Robert J. Hesse, Ph.D. The goal of this conference is to show how faith and current science reinforce each other and encourage respectful dialogue between laity, clergy, scientists and medical professionals. For more information see: https://www.faithandscience.eu/ and https://spiritualityandhealth.duke.edu/files/2024/07/Conference-PDF.pdf.

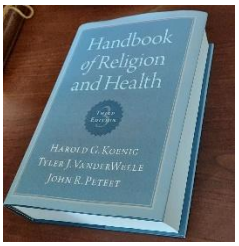
RESOURCES

Books

Physical Universe – Virtual God

(Abhasi Publishing, 2025)

From the author: "This book calls into question the stances of both theists and atheists, suggesting that both miss a deeper truth by taking religious scriptures at face value. Instead of debating God's existence, a more fitting question is: 'What is the true nature of God?' Science and religion are two parallel universes- one grounded in the physical reality, and the other in a virtual Inner World created by living beings through their senses and the brain. In this sense, every individual is the creator (God) of their own Virtual Inner world of love, hate, greed, and hope — elements of human nature that science cannot fully explain. The central concept in the book is that human experiences are inherently 'Virtual.' By focusing or withdrawing attention, individuals can influence their Virtual Inner World, including pain and emotions. This principle shines the torch on religious and mystical experiences, such as the healing power of prayer and the impact of faith on physical well-being. Whether you are a theist, atheist, or seeker of truth, these perspectives will revolutionize how you view God, the universe, and yourself." The cost of the book is $12.99 (paperback) and $3.99 (eBook) and can be purchased from Amazon at https://www.amazon.com/Physical-Universe-Virtual-Exploring-Mystery/dp/B0DSG14J4N/.



Handbook of Religion and Health, 3rd Edition

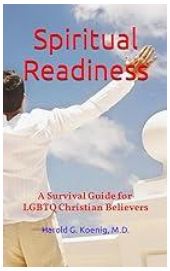
(Oxford University Press, 2024, 1086 pages)

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

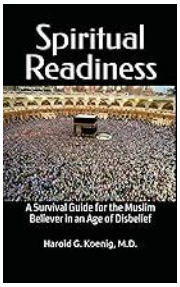
for $199.00 (hardcover new) or $153.65 (hardcover used) at https://www.amazon.com/dp/0190088850/.

Spiritual Readiness Series

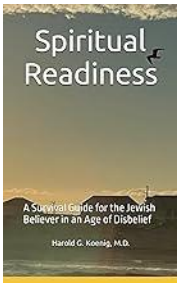
Spiritual Readiness: A Survival Guide for the Christian Believer in an Age of Disbelief
(Amazon Kindle, 2023, updated March 25, 2024, 165 pages)
For Christian believers (Protestant, Catholic, Orthodox). Available for $8.99 (paperback and Kindle) at https://www.amazon.com/Spiritual-Readiness-Survival-Christian-Disbelief/dp/B0CP42X91N/.



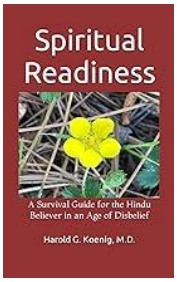
Spiritual Readiness: A Survival Guide for LGBTQ Christian Believers
(Amazon Kindle, published March 25, 2024, 183 pages)
For LGBTQ Christian believers (Protestant, Catholic, or Orthodox). Available for $7.99 (paperback and Kindle) at https://www.amazon.com/dp/B0CZ3S6SZ1/.



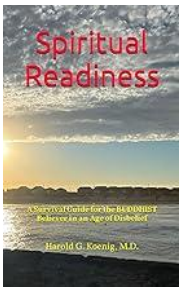
Spiritual Readiness: A Survival Guide for the Muslim Believer in an Age of Disbelief
(Amazon Kindle, 2024, updated March 1, 2024, 163 pages)
For Muslim believers (Sunni, Shia, Sufi, Ibadi). Available for $8.99 (paperback and Kindle) at https://www.amazon.com/Spiritual-Readiness-Survival-Believer-Disbelief/dp/B0CR6TM4W3/.



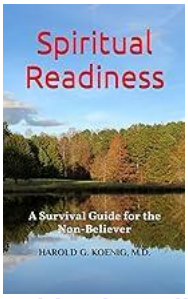
Spiritual Readiness: A Survival Guide for the Jewish Believer in an Age of Disbelief
(Amazon Kindle, updated March 1, 2024, 166 pages)
For Jewish believers (Reform, Conservative, Orthodox). Available for $8.99 (paperback and Kindle) at https://www.amazon.com/Spiritual-Readiness-survival-believer-disbelief/dp/B0CRQG7Y8K/.



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



Spiritual Readiness: A Survival Guide for the Buddhist Believer in an Age of Disbelief
(Amazon Kindle, 2024, published March 7, 2024, 197 pages)
For Buddhist believers (*Mahayana, Theravada, Vajrayana, and Western Buddhists*). Available for $8.99 (paperback/Kindle) at https://www.amazon.com/dp/B0CXHZ1DF7/.



Spiritual Readiness: A Survival Guide for the Non-Believer
(Amazon Kindle, 2024, published January 26, 112 pages)
For non-believers (atheists, agnostics, humanists). Available for $7.00 (paperback and Kindle) at https://www.amazon.com/Spiritual-Readiness-Survival-Guide-Non-Believer/dp/B0CTC27JNF/.

Spiritual Readiness: A Survival Guide for Pastors
(Amazon Kindle, October 2023, 216 pages)
For Christian pastors (Protestant, Catholic, Orthodox). Available for $9.99 (paperback and Kindle) at https://www.amazon.com/dp/B0CLGD5C9K.

Spiritual Readiness: Essentials for Military Leaders and Chaplains
(Amazon Kindle, 2022, 286 pages)
For military leaders and chaplains seeking to build the spiritual readiness of active-duty service members. Available on Amazon Kindle for $0.99 and paperback for $7.22 at https://www.amazon.com/Spiritual-Readiness-Essentials-Military-Chaplains/dp/B0BBY2JLXB.

Moral Injury: A Handbook for Military Leaders and Chaplains
(Amazon Kindle, 2023, 344 pages)
Moral Injury (MI) is a term used to describe a constellation of persistent symptoms that result from transgressing moral and ethical boundaries. MI involves painful and often disabling emotions that are manifested by psychological, spiritual, and religious symptoms. This book with a diagnosis of major depression and generalized anxiety disorder provides preliminary criteria for MI as a disorder for future inclusion in DSM and ICD diagnostic classification systems. In this book, we provide information for military leaders and chaplains about the diagnosis, prevention, and treatment of MI. Warrior readiness for combat operations and for reintegration into society after departure from the military, is dependent on the role that military and VA chaplains play. Available on Amazon Kindle for $0.99 and paperback for $8.67 at: https://www.amazon.com/dp/B0BRJK1PVB.

Religion and Mental Health: Research and Clinical Applications
(Academic Press, 2018) (Elsevier)
This 384 page volume summarizes the latest research on how religion helps people cope with stress, covering its relationship to depression, anxiety, suicide, substance abuse, well-being, happiness, life satisfaction, optimism, generosity, gratitude and meaning and purpose in life. It integrates research findings with best practices for treating mental health disorders in religious clients with depression, anxiety, posttraumatic stress disorder, and other emotional (and neuropsychiatric) problems. Available for $55.23 (paperback, used) at https://www.amazon.com/Religion-Mental-Health-Research-Applications-dp-0128112824/dp/0128112824/

Protestant Christianity and Mental Health: Beliefs, Research and Applications
(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)
Available for $7.50 at: https://www.amazon.com/dp/1544642105/

Catholic Christianity and Mental Health: Beliefs, Research and Applications
(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)
Available for $7.50 at: https://www.amazon.com/Catholic-Christianity-Mental-Health-Applications/dp/1544207646

Islam and Mental Health: Beliefs, Research and Applications
(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)
Available for $7.50 at: https://www.amazon.com/Islam-Mental-Health-Research-Applications/dp/1544730330.

Hinduism and Mental Health: Beliefs, Research and Applications
(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)
Available for $7.50 at: https://www.amazon.com/dp/1544642105/

Judaism and Mental Health: Beliefs, Research and Applications
(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)
Available for $7.50 at: https://www.amazon.com/Judaism-Mental-Health-Research-Applications/dp/154405145X/

Buddhism and Mental Health: Beliefs, Research and Applications
(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)
Available for $7.50 at https://www.amazon.com/dp/1545234728/

Spirituality & Health Research: Methods, Measurement, Statistics, & Resources
(Templeton Press, 2011)
This book summarizes and expands the content presented in the Duke University's Annual Summer Research Workshop on Spirituality and Health. Available for $44.76 (paperback, used) at: http://www.amazon.com/Spirituality-Health-Research-Measurements-Statistics/dp/1599473496/

Integrating Spirituality into Patient Care

CME/CE Videos (Integrating Spirituality into Patient Care)
Five professionally produced 45-minute videos on **why and how** to "integrate spirituality into patient care" are now available on our website (*for free*, unless CME/CE is desired). Videos are targeted at physicians, nurses, chaplains, and social workers in an effort to help them form **spiritual care teams** to provide "whole person" healthcare that includes the identifying and addressing of spiritual needs. Go to: https://spiritualityandhealth.duke.edu/index.php/cme-videos/.

In support of improving patient care, the Duke University Health System Department of Clinical Education and Professional Development is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing education for the health care team.

JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

Category 1: Duke University Health System Department of Clinical Education and Professional Development designates this CME activity for a maximum of 3.75 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only credit commensurate with the extent of their participation in the activity.
Nurse CE: Duke University Health System Department of Clinical Education and Professional Development designates this activity for up to 3.75 credit hours for nurses. Nurses should claim only credit commensurate with the extent of their participation in this activity.

TRAINING OPPORTUNITIES

Full Scholarships to Attend Research Training on Religion, Spirituality and Health

A new Templeton scholarship program is now active (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.

PLEASE Partner with us to help with this work:
https://spiritualityandhealth.duke.edu/index.php/partner-with-us/

2025 CSTH CALENDAR OF EVENTS…

March

3/6 **23rd Annual David B. Larson Lecture**
5:30-6:30P EST (New York time) (in-person)
Duke Divinity School, 0116 Westbrook Lecture Hall
Title: Hostility to Hospitality: Rediscovering Medicine in the Midst of Depersonalizing Forces
Speaker: Michael Balboni, PhD, Harvard Divinity School
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

3/14 **American College of Lifestyle Medicine**
San Diego, CA (in the morning)
Title: MPS Summit Medical Education Panel
Speaker: **Dr. Koenig and multiple other speakers**
Contact: Micaela Karlsen
(mkarlsen@lifestylemedicine.org)

3/15 **Integrating Spirituality into Patient Care Workshop**
8:45A-5:15P EST (New York time, online by Zoom)
Title: Integrating Spirituality into Patient Care
Speaker: Dr. Koenig
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

3/17 **The Next Mission Symposium: Mental Well-Being for Military and Service Communities**
Sanders Theatre, Harvard University, 9:00A-10:00P EST
Title: Spiritual Resilience (and many other presentations)
Speaker: **Koenig and many others**
Contact: Jess McCarty (jess@operationrecovery.org)

3/25 **Spirituality and Health Research Seminar**
12:00-1:00 EST (New York time, online by Zoom)
Title: Working to Integrate Spirituality and Religion in Medicine: Reflection Rounds at Stanford School of Medicine
Speaker: Chaplain Bruce D. Feldstein MD, BCC, Adjunct Clinical Professor, Department of Medicine, Stanford University School of Medicine
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)