CROSSROADS…

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology, and Health Volume 15 Issue 6 Dec 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 November 2025) go to: https://spiritualityandhealth.duke.edu/index.php/publications/crossroads/

LATEST RESEARCH

Religious Attendance and Sleep Quality among Adults in Brazil

Researchers at the Federal University of Alagoas, Brazil, and Sapienza University of Rome, Italy, analyzed data on 5,520 adults (ages 18-65) in the third cycle of a population-based survey of Brazil (Sonar-Brazil Survey). Administered was the Brazilian Portuguese version of the 19-item Pittsburgh Sleep Quality Index (PSQI; high scores indicating poor sleep quality). Sleep disorders were assessed including insomnia, sleep apnea, sleep-related bruxism, restless leg syndrome, sleep paralysis, and/or sleep terrors (yes to any of these conditions indicated that a sleep disorder was present). Religious affiliation and frequency of religious attendance ranging from (1) more than once a week to (4) yearly/never (higher values indicating lower frequency of religious attendance). Mediating factors that were examined included screen time, smoking, use of illicit drugs, alcohol consumption, healthy food consumption, weight and height (BMI calculated), and history of depression. Confounders adjusted for in multivariate analyses included education, marital status, age, and sex. Linear regression analyses and mediation analysis were conducted. **Results**: Participants were 39% Catholic, 17% evangelical Protestants, 8% spiritists, 2% Afro-Brazilians, and 1% Church of Missianity; 32% indicated weekly or more frequent attendance at religious services. In bivariate analyses, those who attended religious services more frequently reported significantly better sleep quality as indicated by lower scores on the PSQI ($p<0.001$). In multivariate analyses controlling for confounders, frequency of religious attendance was associated with significantly better sleep quality ($b= 0.13$, 95% CI = 0.06-0.20, $p<0.001$). Also in adjusted models, as religious attendance decreased, the likelihood of depression, smoking, drug use, alcohol consumption and screen time all significantly increased. With regard to sleep disorders, decreasing religious service attendance was associated with a 16% increase in likelihood of experiencing sleep disorders, after controlling for confounders (OR = 1.16, 95% CI = 1.10-1.22, $p<0.001$). Depression, smoking, and screen time mediated the relationship between religious attendance and sleep quality, whereas depression, alcohol use, and screen time mediated the relationship between religious attendance and sleep disorders. Researchers concluded: "Our findings offer unprecedented insights into the relationship between religious attendance and sleep quality among Brazilian adults and contribute to previous research by showing that religious attendance may protect against sleep disturbance through enhancements in mental health, reduced substance use, and a more active lifestyle, illuminating pathways through which religious involvement may impact sleep outcomes."

Citation: Longo-Silva, G., de Menezes, R. C. E., de Oliveira Lima, M., Lima dos Santos, T. H., de Melo, J. S., de Lima Soares, L., & Serenini, R. (2025). Lifestyle and health mediators of the relationship between religious attendance and sleep quality and disorders in adults. Sleep and Breathing, *29*(2), 1-11.

Comment: A large, rigorously analyzed study demonstrating the possible effects of religious involvement on sleep quality and on the risk of developing sleep disorders. This is one of the largest studies to examine this relationship to date, although future longitudinal studies will be needed to determine direction of effect.

Religious Practices and Mental Health in Older Tibetans

Investigators from the department of epidemiology, school of public health, at Sun Yat-Sen University in Shenzhen, China, and other universities in China, Sweden, the United Kingdom, and France, conducted a cross-sectional survey of 538 Amdo Tibetans age 40 or older living in the eastern Tibetan Plateau (most practicing Gelupa Buddhism, a branch of Tibetan Buddhism). The purpose was to examine the relationship between religious practices (prayer, kowtow, pilgrimage) and mental health, along with physical activity and physical function. Prayer is usually performed with rosary beads (95% of the sample indicated they prayed). Kowtow involves prostrating to Buddha images at home, worshiping Buddha as God (65% participated in this practice). Pilgrimage consists of making long distant pilgrimages to famous monasteries located on the Tibetan plateau (53% took pilgrimages). Mental and social health were assessed in terms of Resilience (SRS-7), Flourishing (SFI-12), Depression (8-item CESD), Anxiety (GAD-7), and Social Integration (F_SozU K-6). Moderate to vigorous physical activity (MVPA), sleep duration, grip strength, gait speed, and walking endurance were also assessed. Multivariate linear regression was used to examine associations adjusting for sociodemographic characteristics, health status, and health behavior, with P values adjusted using the conservative Bonferroni correction. **Results**: Significant positive associations were found between participation in religious practices and psychological well-being, social integration, and self-rated health, whereas significant inverse associations were found with psychological distress. In addition, kowtow was associated with greater MVPA and sleep duration. Daily prayer was negatively associated with grip strength, while daily kowtow was positively associated with grip strength and gait speed. There were no significant associations with distant pilgrimage. Researchers concluded: "Religious practices among older Amodo Tibetans were associated with positive mental health, while presenting

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complex and contrasting effects on physical activity and functional health."
Citation: Zhou, L., Zhang, A., Zhang, Y., Chen, Y., Ge, E., Du, J., ... & Zhan, Y. (2025). Prevalence of mental health in relation to religious practices in a contemporary small-scale older Amdo Tibetans. PLOS Mental Health, *2*(1), e0000099.
Comment: A fascinating study in a religious population that had not been previously studied (with regard to the relationship between religious practice and mental/physical health).

Religious Involvement as a Risk Factor/Protective Factor for Health Problems

Epidemiologist Jeff Levin from Baylor University reviewed the history of research on religion and health, the meaning of the findings, and the implications for both healthcare professionals and public health experts. He is writing to other epidemiologists and public health professionals in his approach to this summary article. First, he reviews the history of the research literature dating back to the 1800s, with an emphasis on the past 30 years. He emphasizes that this area of research was for a long time marginal and even disreputable for medical and epidemiological researchers, being named the "anti-tenure factor" during the 1990s and early part of the 21st-century. Only until the past few years has the topic received greater attention within the mainstream literature. He discusses the assessment of the exposure, i.e., how religiosity has been measured, in terms of self-report single items or multi-item indices. He also discusses the topic of spirituality – how it has been defined and concerns about its operationalization (contamination with health outcomes). He also discusses the meaning of the findings, in particular, how the findings have been misinterpreted as evidence for the supernatural. Levin then goes on to describe mediators of the observed associations and implications for clinicians, epidemiologists, and congregations in terms of health promotion and disease prevention programs. He concludes with the following statement: "In sum, over a century of population-health research has accumulated providing empirical evidence of a connection between religious identity and participation and rates of morbidity and mortality. Limitations in assessment of religious exposures, in providing coherent explanations for punitive religious associations with health outcomes, and in detailing the larger implications of these findings for public health have presented challenges for the widespread acceptance of this work among epidemiologists and clinicians."
Citation: Levin, J. (2025). Religion as a domain of exposure assessment in epidemiologic studies: History, meaning, and implications. Global Epidemiology, 100218 (https://doi.org/10.1016/j.gloepi.2025.100218).
Comment: This is a well-balanced, even-handed review of the topic of religion and health from an epidemiological viewpoint by someone who began writing on this topic in the mid-1980s, and has continued to this day.

Spirituality, Mental Health, and Work Turnover Rates among Hotel Employees in Ghana

Researchers from Ho Technical University in Ho, Ghana, and other universities in Ghana and South Africa conducted a survey of 280 hotel workers in Ghana, examining the relationship between spirituality, mental health, and work turnover rates. Structural equation modeling was used to examine the relationships between variables. **Results** indicated that spirituality had a direct impact on mental health, and indirectly on work turnover intentions, with mental health mediating the latter relationship. Investigators concluded: "These findings highlight the importance of workplace spirituality in mitigating employee mental health issues and reducing turnover rates in the hospitality sector."
Citation: Appietu, M. E., Amissah, E. F., Bansah, A. K., & Adongo, C. A. (2025). Workplace spirituality, mental health, and turnover intentions of hotel employees in Ghana: A broaden and build theory of positive emotions perspective. Journal of Human Resources in Hospitality & Tourism, *24*(3), 418-445.
Comment: Unfortunately, only the abstract was available for review. Therefore, details on the measurement of spirituality and on other aspects of study design and statistical analyses were not available. However, this adds to the growing body of literature indicating an impact of religion/spirituality on work satisfaction and performance. See below.

Workplace Spirituality: Impact on Workers' Well-Being, Productivity, and Turnover

Investigators from University of Malaysia in Kuala Lumpur, Malaysia, conducted a systematic review of published studies from 2020 to 2024. Searching multiple databases using PRISMA guidelines, the authors identified 38 studies. They divided the findings into four categories: workplace spirituality and employee well-being; spiritual leadership and organizational performance; workplace spirituality and employee engagement or motivation; and religiosity, spirituality and employee experiences. Study quality was determined based on standard guidelines (Kitchenham & Charters). **Results**: (1) Findings with regard to workplace spirituality and employee well-being: workplace spirituality has been associated with lower stress levels and enhanced overall health, related to gratitude, forgiveness, and spiritual beliefs that lead to improved occupational well-being. (2) Findings with regard to spiritual leadership and organizational performance: spiritual leadership boosts psychological well-being, reducing the likelihood of employees leaving, enhances self-esteem, and improves the desire to contribute to the organization. (3) Findings concerning workplace spirituality and employee engagement/motivation: the research shows a significant association between workplace spirituality and factors such as employee engagement, motivation, and overall well-being. (4) Finally, the findings for religiosity, spirituality and employee experiences: spirituality plays a vital role in terms of enhancing job satisfaction, promoting ethical behavior, and reducing workplace stress, thereby contributing to the overall effectiveness of the organization. Researchers also describe some of the limitations of this literature, in that there is risk of (a) excluding nonreligious employees or using spiritual language as a form of control; (b) spirituality may be differently perceived and enacted in different workplace settings; (c) spiritual well-being in one culture may differ from that in another; (d) studies used a variety of methodologies, with concern about validity, consistency and report reproducibility, especially since much of this research has been cross-sectional; and (e) the use of language such as spirituality, religiosity and spiritual leadership may lead to conceptual confusion. In conclusion, "The results indicate that a majority of the studies demonstrate a positive correlation between religious workplace practices and employee well-being metrics, reinforcing the significance of organizational spirituality…This study concludes that while religious workplaces can significantly enhance employee well-being, organizations must balance religious expressions with inclusivity to foster a supportive and harmonious work environment."
Citation: Syahir, A. N. A., Abidin, M. S. Z., Sa'ari, C. Z., & Rahman, M. Z. A. (2025). Workplace spirituality and its impact on employee well-being: A systematic literature review of global evidence. Journal of Religion and Health, 64, 3313–3345.
Comment: This is a comprehensive review of the many studies that have now documented the positive role that religion/spirituality play in the workplace to enhance employee well-being, contributions to the workplace, and to the reduction of turnover rates.

Family Quality, Adolescent Religiosity, and Mental Health in Indonesia

Researchers at universities in Indonesia analyzed data from a convenience sample of 1,795 students in high schools and vocational schools located in two cities in Indonesia. The purpose was to examine the relationship between family quality, student religiosity, and student mental health. Family quality was assessed by a 30-item scale based on the National Population and Family Planning Board Regulation on Family Quality Indicators (which assessed family functioning based on students' perceptions). Religiosity was measured by a 13-item religiosity scale assessing intellectual, ideological, public practice, experience, and private practice aspects of religion as outlined by Glock (1962). Adolescent mental health was measured by a 20-item scale assessing life satisfaction, self-confidence, optimism, enjoyment, meaning in life, and stability. Structural equation modeling (SEM) was used to analyze the data. **Results**: Findings revealed significant positive relationships between family quality and both student religiosity and mental health, underscoring the impact of family interactions on students religious practices and well-being. Researchers concluded: "These findings emphasize the crucial role of family quality in enhancing religiosity and mental health among adolescents, suggesting that improving family dynamics could be a vital intervention strategy in educational and health domains."

Citation: Hartanto, D., Zakaria, G. A. N., Fauziah, M., Supriyanto, S., Rizal, Y., & Nugraha, A. (2025). Family quality as a foundation for adolescent religiosity and mental health. Islamic Guidance and Counseling Journal, *8*(1).

Comment: A well-done study examining a topic that has not received a great deal of attention, i.e., the impact of healthy family functioning on the religiosity of adolescents and their mental health. There appears to be a clear connection between these characteristics in this Muslim country of Indonesia.

Integrating Spirituality into Social Work Practice

Investigators in the school of social work at Arizona State University and other universities in the United States and Canada respond to an article by Taylor (2023) titled *The Myth of Spirituality* criticizing social workers addressing spirituality in practice settings. The authors argue that social workers should conduct a spiritual assessment, which will enable them to (1) "observe widely affirmed social work ethical principles"; (2) "respect client autonomy regarding the nature of the services they receive"; (3) "identify potential strengths that can be leveraged to assist clients deal with challenges"; (4) "provide culturally relevant services that resonate, rather than conflict with clients' values"; (5) "create evidence-informed spiritual interventions that ameliorate problems"; (6) "advocate for social justice and clients' fundamental human rights"; and "comply with professional standards and protocols that require the administration of spiritual assessment to optimize the effectiveness of services." Thus, the authors make a strong argument for social workers assessing and addressing spiritual needs in clinical practice. They also provide a table (p. 263) that summarizes the rationale for social workers conducting a two-stage spiritual assessment. The authors conclude: "Based on the findings, we suggest that social workers should be equipped and trained to administer spiritual assessments and work with clients' spiritual and religious beliefs and practices to ensure the provision of effective, client-centered services."

Citation: Hodge, D. R., Boynton, H. M., Vis, J. A., Graham, J. R., Coholic, D., & Canda, E. R. (2025). Spirituality in social work practice: Myth or essential component of ethical and effective service provision? Journal of Social Work, *25*(2), 250-270.

Comment: This well-written article beautifully lays out the rationale for why social workers should be conducting spiritual assessments to identify spiritual needs, and then consequently, ensuring that someone addresses these spiritual needs related to health.

Psychiatry Residents Addressing Spiritual/Religious Beliefs in the United Kingdom

In this abstract, researchers from the NHS Foundation Trust, Surrey, United Kingdom, reported on findings from the 2024 SABP trust survey of Resident Doctors. An audit was conducted with the purpose of gathering baseline information on the frequency that Resident Doctors record spirituality in their notes on inpatient admission assessments. The baseline audit involved a retrospective review of admissions of patients between February-March 2024 to 3 inpatient wards at the SABP Trust. An educational intervention was then conducted between August on October 2024 with the Resident Doctors to encourage them to take a spiritual history and documented in the medical record. Then Resident Doctors on the same wards were re-audited in mid-October through mid-December 2024. **Results**: In the baseline audit, 1 in 53 admission records by Resident Doctors mentioned patients' spiritual/religious beliefs. In the repeated audit, 2 of 45 admission records mentioned patients S/R beliefs. The authors concluded: "This audit indicates that Resident Doctors are still not routinely including spirituality/religious beliefs in clinical assessments despite tailored interventions. Ongoing barriers include reluctance to consider the role of spirituality within mental health care; this being rooted in pervasive cultural stigmas that cannot be fully addressed through one-off interventions."

Citation: Zaffarullah, S., Robson, T., & Reddi, N. (2025). Improving resident doctors' consideration of spirituality/religious beliefs in clinical assessments. BJPsych Open, *11*(S1), S17-S17.

Comment: Despite a relatively vigorous educational intervention, this effort had virtually no effect on psychiatry residents' likelihood of taking and documenting a spiritual history in the United Kingdom. The findings are quite sad, but may get things going.

Importance of Partnerships between Religious Groups and Secular Public Health Organizations

The authors, from Georgetown University in Washington DC, Brown University in Rhode Island, and the Catholic Health Association in Washington DC, discuss the role that religious institutions can play in partnering with public health groups to maximize the health of populations, especially in undeveloped areas of the world (e.g., Nigeria, Ghana, Zambia, Kenya). These are areas where health problems (particularly infectious diseases) are widely prevalent, including polio, COVID-19, Ebola, and HIV/AIDS. They argue for the development of long-term trusting relationships and partnerships between faith communities and public health organizations to address these problems, including the need for vaccination. In order to help overcome some of the barriers to such partnerships, they suggest the following: "To help overcome common gaps in communication, global health and medical education need to integrate better understandings of religious approaches. Scientific evidence needs to adapt to local dialogues and language. Anti-science rhetoric and beliefs can be countered by incorporating faith metrics into health system evaluations, including faith organizations in governance and emergency planning, and treating inclusion, equity, and trust as measurable outcomes outside of clinical ones…It is important to tackle widespread assumptions that public health and religious beliefs are incompatible. Links between health, belief, and practice are deeply embedded in many religious traditions and throughout public health history. Religious beliefs and practices are integral parts of the social determinants of health, influencing diet, attitudes towards illness, and community care."

Citation: Marshall, K., Wilkinson, O., Jha, A., & Keehan, S. C. (2025). Religious partnerships can strengthen health delivery. British Medical Journal, 391, r2163 (https://doi.org/10.1136/bmj.r2163)

Comment: The fact that this article was published in the British Medical Journal, as was an article recently in the Lancet (reviewed

in the November issue of *Crossroads*), is evidence that the topic of religion and health is moving into the mainstream of the medical sciences, especially public health. Both public health organizations and religious institutions have common goals and commitments to the health and well-being of communities. It would seem only natural that partnerships might be developed between these groups to maintain the health of populations (especially with the voluminous research that is now appearing on the health benefits of religious belief and practice at the community level).

Long-term Mental Health Effects of Abortion

Investigators at the University of Montréal Hospital Research Center and other universities in Québec, Canada, conducted a retrospective cohort study of 28,721 women who had undergone induced abortions and 1,228,807 women giving live births in hospitals of Québec, Canada, between 2006 and 2022. The outcome of interest was hospitalization for psychiatric disorder, substance use disorder, or suicide attempt during this average 17 year follow-up. **Results**: Overall, mental health-related hospitalizations were higher among women following induced abortion compared to women with live deliveries (104.0 vs. 42.0, respectively, per 100,000 person-years). After adjusting for pregnancy characteristics, the risk of mental health hospitalization among those with induced abortion was more than 80% higher compared to those delivering live births (HR = 1.81, 95% CI = 1.72-1.90), more than 150% higher for substance use disorders (HR = 2.57, 95% CI = 2.41-2.75), and more than 100% higher for suicide attempts (HR = 2.16, 95% CI = 1.91-2.43). These risks were greatest among those who were less than age 25 at the time of their abortion. The increased risk was largely present within the first five years after abortion, whereas risks declined over time. Researchers concluded: "Induced abortion is associated with an increased risk of mental health-related hospitalization in the long-term but the association weakens with time."
Citation: Auger, N., Healy-Profitós, J., Ayoub, A., Lewin, A., & Low, N. (2025). Induced abortion and implications for long-term mental health: a cohort study of 1.2 million pregnancies. Journal of Psychiatric Research 187, 304-310 (https://doi.org/10.1016/j.jpsychires.2025.05.031).
Comment: A large cohort study documenting the potentially negative mental effects of induced abortion, which appear to be greatest within the first five years after abortion, but tend to lessen over time.

Religious/Spiritual Involvement and Psychedelic Use

Investigators from the department of psychology at Stockholm University and other universities in Sweden and Israel analyzed data from two birth cohort studies (1958 National Child Development Study and 1970 British Cohort Study, both involving samples of greater than 11,000). The purpose was to examine the relationship between lifetime psychedelic use, religious affiliation, change in religious affiliation (de/conversion or switching), and religious beliefs (belief in God and belief in life after death). In addition, a representative sample of 9,732 persons from the United Kingdom and the United States were followed for 2 months examining the relationship between self-identification as religious or as spiritual and psychedelic use over the short-term. Logistic regression analyses were used to examine the data. **Results**: Study 1: Religious affiliation (in childhood and adulthood) was associated with a reduced likelihood of psychedelic use (LSD and psilocybin). Lifetime psychedelic use was associated with not being affiliated with a religion and with religious disaffiliated. Study 2: Psychedelic use did not predict changes in religiosity/spirituality over a 2 months period. Researchers concluded: "Findings indicated that psychedelic use was in general negatively linked to religious, but not spiritual, parameters, as were other norm-violating behaviors… On the one hand, LSD and psilocybin were associated with higher likelihoods of religious change, particularly religious disaffiliation, which again did not appear to differ from use of other illicit substances. On the other, psychedelic use did not predict real-time changes in religiosity or spirituality."
Citation: Cherniak, A. D., & Granqvist, P. (2025). How does psychedelic use relate to aspects of religiosity/spirituality? Preregistered report from a birth cohort study and a prospective longitudinal study. Psychology of Religion and Spirituality, *17*(3), 175–194.
Comment: This is one of the few studies examining the relationship between psychedelic use in religiosity/spirituality. With regard to Study 2, it is not surprising that psychedelic use did not predict changes in religiosity/spirituality over only a 2-month period, since a person's religiosity/spirituality tend to be quite stable traits that do not change quickly (at least not in 2 months).

Is Mindfulness Meditation safe?

Researchers at the Contemplative Studies Center, Melbourne School of Psychological Sciences, University of Melbourne, Australia, reviewd the adverse effects of mindfulness-based programs and meditation. **Results**: The authors indicated that 25-87% of those engaged in meditation experienced adverse side effects, with 3-37% having side effects severe enough to prevent them from going to work (causing functional impairment). The most common adverse effects included anxiety, depression, and traumatic re-experiencing. Attending a retreat and having prior mental health problems were suggested as possible predisposing factors. The findings emphasize the need for "thorough screening, informed consent, and ongoing monitoring in clinical practice" when prescribing mindfulness-based practices or meditation. They go on to state that "Recommendations include setting clear expectations, offering psychoeducational support, and adapting interventions when necessary and where appropriate."
Citation: Matko, K., & Van Dam, N. T. (2026). Beyond serenity: Adverse effects of meditation and mindfulness in clinical practice. Current Opinion in Psychology, 67, 102197 (https://doi.org/10.1016/j.copsyc.2025.102197).
Comment: Mindfulness meditation is now commonly recommended as part of many psychotherapeutic techniques and "spiritual" interventions. This article provides some boundaries with regard to this practice (and other meditative practices as well). Healthcare professionals seldom mention potential adverse effects when prescribing them for patients. Perhaps there should be some informed consent here. [see also: Farias, M., Maraldi, E., Wallenkampf, K. C., & Lucchetti, G. (2020). Adverse events in meditation practices and meditation-based therapies: A systematic review. Acta Psychiatrica Scandinavica, *142*(5), 374-393]

NEWS

Duke University's Monthly Spirituality and Health Webinar via Zoom

Our Center's monthly spirituality and health research seminars are now being held by Zoom, and should be assessable to participants wherever they live in the world that supports a Zoom platform. All persons who receive our E-newsletter will be sent a link to join the seminar approximately one week before the seminar is held. When you receive this link, please save the link and forward it to your colleagues and students. This month's seminar will be held on Tuesday, December 16, 2025, at 12:00-1:00 EST (New York time), and will be delivered by **Stephen G. Post, Ph.D., Professor of Family, Population and Preventive Medicine, Stony Brook University, New York**. The title of his presentation is: **"Pure Unlimited Love: Science and the Seven Paths to Inner Peace."** 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/.

SPECIAL EVENTS

Online Spirituality and Health Research Workshop (December 6, 2025)

For those who cannot come to Durham, North Carolina, to attend our 5-day research workshop, we are providing an 8-hour online spirituality and health research workshop via Zoom that researchers from anywhere in the world can attend. Modeled after our 5-day summer research workshop, we will be holding this 1-day workshop on **Saturday, Dec 6**. This workshop is designed for healthcare professionals (physicians, nurses, social workers, rehabilitation therapists, etc.), chaplains (healthcare and military), mental health professionals (counselors, psychologists, pastoral counselors), students of every type (high school, undergraduate, graduate, etc.), community clergy, and anyone else interested in learning about, designing, conducting, and/or publishing research on religion, spirituality and health. For more information, contact Dr. Koenig at Harold.Koenig@duke.edu or go to https://sites.duke.edu/csth/files/2025/08/Duke-University-SH-Research-Workshop-12-6-25.pdf.

Online Moral Injury Update Workshop (February 7, 2026)

We will be updating the topic of moral injury (MI) in a workshop to be held on **Saturday**, **Feb 7**. There is a rapidly growing volume of information about and interest in this clinical syndrome, which involves the internal emotional distress experienced as a result of transgressing moral values. While initially received attention in active-duty military and veterans following combat operations, MI has now been recognized in 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.

Online Faith and Human Flourishing Workshop (May 16 and June 20, 2026)

Human Flourishing is the abundant life that is possible, but so difficult to experience on a consistent basis. Sign up now for this 2-day workshop (Saturday, May 16, and Saturday, June 2026) and learn about eight practices that lead to the abundant life. This workshop provides knowledge about and tools on how to create *flourishing lives* (characterized by happiness/life satisfaction, meaning and purpose, character and virtue, healthy social connections, and mental and physical health) and *flourishing communities* (healthcare, school/college, church, etc.). The workshop is intended for mental health professionals (life coaches, counselors, psychologists), chaplains (military, VA, and hospital), clergy (Christian primarily, but those from other faith traditions as well), health professionals (physicians, nurses, social workers, rehabilitation specialists), students in the health professions, and anyone interested in the practices that lead to a flourishing life. This workshop is designed to equip those in the helping professions with the skills necessary to live the abundant life themselves and guide others to do so in the midst of trial, trauma, and loss. For more information, contact Dr. Koenig at Harold.Koenig@duke.edu.

10th European Conference on Religion, Spirituality and Health (June 4-6, 2026)

The title for the conference in 2026 is: "Heart, Brain and Spirit: A Holistic Approach to Modern Healthcare." The conference will be held at the University Hospital in Basel, Switzerland, and will also be a hybrid event. For early bird conference discount and submission of oral and poster presentation abstracts, the deadline is December 15, 2025. This will be a jubilee conference and therefore a landmark in the evolution of the topic in Europe, promoting spirituality and health for the last 18 years at European universities and University hospitals. International and European keynote speakers from a variety of disciplines and professional backgrounds will share their perspectives and results on the main topic. Symposia and free communications allow researchers to discuss the projects and findings. The interactive program promotes exchange and networking. For more information go to: https://ecrsh.eu/ecrsh-2026. There will also be **pre-conference research workshop** on June 2-3, including presentations by Dr. Harold Koenig, Dr. Niels Hvidt, Dr. Deborah Lycet, Dr. Arjan Braam, Dr. Michael Ackert, Dr. René Hefti, and Dr. Arndt Bussing.

Spirituality and Health Research Workshop (August 10-14, 2026, on-site)

Register now for our 22nd annual 5-day Duke University summer research workshop to be held in-person in Durham, North Carolina. For more information, see https://spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course/). For an article on how to obtain research training on religion, spirituality and health, specifically with regard to this workshop, go to: https://rdcu.be/ceFH4.

Integrating Spirituality into Patient Care Workshop (August 15, 2026, on-site)

Register for our 1-day Duke University workshop on Integrating Spirituality into Patient Care to be held in-person in Durham, North Carolina, on **Saturday, August 15** (following our 5-day Spirituality And Health Research Workshop on August 10-14). Because our 5-day research workshop focuses on conducting research and career development in the area of religion, spirituality and health, we do not have sufficient time during that workshop to address clinical issues and applications. Therefore, we are holding a separate day to comprehensively deal with why, how, and when to integrate 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/2025/08/8-15-26-Integrating-Spirituality-into-Patient-Care-Workshop.pdf.

RESOURCES

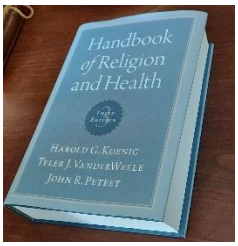
Books

Hidden Medicine: The Unseen War on Your Health and the Spiritual Prescription for Healing That Could Transform Healthcare

(Greenleaf Book Group, October 2025)

From the publisher: "Discover Hidden Medicine, a wake-up call for readers and healthcare providers alike. Psychiatrist Dr. Thomas McCormack pulls back the curtain on the hidden spiritual forces that are sabotaging your health and reveals the solution modern medicine overlooks. Drawing from nearly three decades of clinical experience and a transformative personal journey from skepticism to faith, Dr. McCormack introduces Ruachiatry, a groundbreaking 12-step approach blending medical science and spirituality to unlock holistic healing. Through real case studies, medical

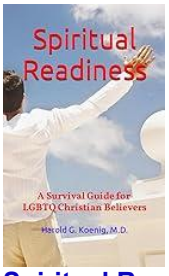
insights, and practical steps, Hidden Medicine is a lifeline for those who have tried everything and still suffer—for those who are looking for hope but don't know where to turn. Tired of endless prescriptions that only mask symptoms? Don't settle for a broken life—reclaim your vitality and achieve lasting wholeness with the proven steps of Ruachiatry. Whether you're deeply spiritual, skeptical, or simply searching for answers where conventional treatments have failed, Hidden Medicine lights a new path. The battle for your health is bigger than you think. Discover the cure that's closer than you realize." Available for $28.95 (hardcover) or $9.99 (Kindle) at https://www.amazon.com/Hidden-Medicine-Spiritual-Prescription-Healthcare/dp/B0FDBJMKSB/.



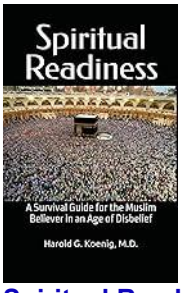
Handbook of Religion and Health, 3rd Edition
(Oxford University Press, 2024, 1086 pages)
From the publisher: "The Handbook of Religion and Health has become the seminal research text on religion, spirituality, and health, outlining a rational argument for the connection between religion and health. For 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 $183.50 (hardcover new) at https://www.amazon.com/Handbook-Religion-Health-Harold-Koenig/dp/0190088850/.

Spiritual Readiness Series

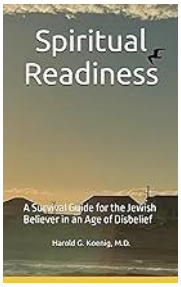
Spiritual Readiness: A Survival Guide for the Christian Believer in an Age of Disbelief
(Amazon Kindle, 2023, updated March 25, 2024, 165 pages)
For Christian believers (Protestant, Catholic, Orthodox). Available for $8.99 (paperback and Kindle) at https://www.amazon.com/Spiritual-Readiness-Survival-Christian-Disbelief/dp/B0CP42X91N/.



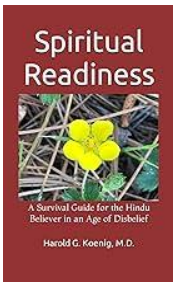
Spiritual Readiness: A Survival Guide for LGBTQ Christian Believers
(Amazon Kindle, published March 25, 2024, 183 pages)
For LGBTQ Christian believers (Protestant, Catholic, or Orthodox). Available for $7.99 (paperback and Kindle) at https://www.amazon.com/dp/B0CZ3S6SZ1/.



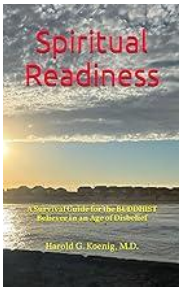
Spiritual Readiness: A Survival Guide for the Muslim Believer in an Age of Disbelief
(Amazon Kindle, 2024, updated March 1, 2024, 163 pages)
For Muslim believers (Sunni, Shia, Sufi, Ibadi). Available for $8.99 (paperback and Kindle) at https://www.amazon.com/Spiritual-Readiness-Survival-Believer-Disbelief/dp/B0CR6TM4W3/.



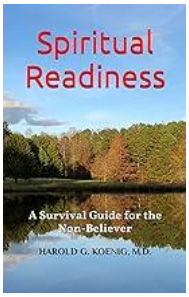
Spiritual Readiness: A Survival Guide for the Jewish Believer in an Age of Disbelief
(Amazon Kindle, updated March 1, 2024, 166 pages)
For Jewish believers (Reform, Conservative, Orthodox). Available for $8.99 (paperback and Kindle) at https://www.amazon.com/Spiritual-Readiness-survival-believer-disbelief/dp/B0CRQG7Y8K/.



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/.

Others

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/

Religion and Mental Health Series

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/

Research
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

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 (2025-2029) that provides full scholarships to promising graduate students (**post-doctoral students or pre-doctoral students in PhD program**). Eligible for these full scholarships to attend our 5-day Spirituality and Health Research Workshop in **2026** (August 10-14) 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, go to https://spiritualityandhealth.duke.edu/files/2025/08/2026-Full-Scholarship-Application.pdf or contact Dr. Koenig at harold.koenig@duke.edu.

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 OFI (online funding inquiry) deadline for grants is **August 14, 2026**. The Foundation will communicate their decision (rejection or invitation to submit a full proposal) for all OFIs by October 9, 2026. Full proposals will be due January 15, 2027, with notification of a decision on July 9, 2027. 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…

December

12/6 **Spirituality and Health Research Workshop**
8:45A-5:15P EST (New York time, online **by Zoom**)
Title: Spirituality and Health Research workshop
Speaker: Dr. Koenig
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

12/10 **National Institute of Environmental Health Sciences, Epidemiology Branch Seminar**
11:00-12:00 EST (onsite)
Title: Religion, Spirituality and Health: Research Overview
Speakers: Dr. Koenig
Contact: Chandra Jackson (chandra.jackson@nih.gov)

12/16 **Spirituality and Health Research Seminar**
12:00-1:00 EST (New York time, online by Zoom)
Title: Pure Unlimited Love: Science and the Seven Paths to Inner Peace
Speaker: Stephen G. Post, Ph.D., Professor of Family, Population and Preventive Medicine, Stony Brook University, New York
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

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