

# Update on Spirituality and Health Research:

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# Overview

1. Past research on spirituality and health
2. Results from the Global Flourishing Study
3. Pathways that leads from faith to human flourishing & whole person health
4. Further resources

**Past Research**

**Spirituality and Mental Health**

# Depression

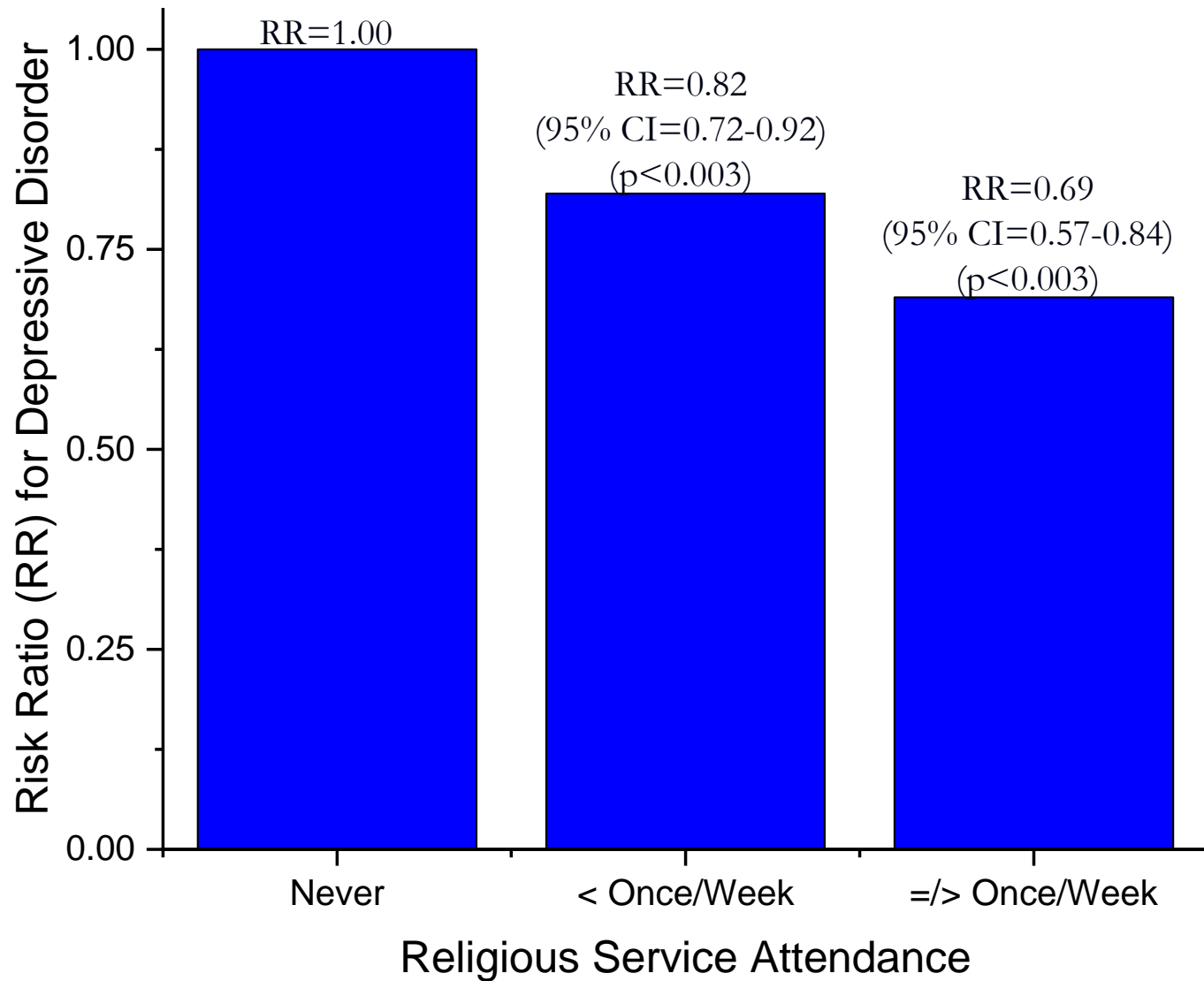
One of the most common emotional disorders in the world, and  
**THE** most disabling

Based on a systematic review\* of all quantitative academic  
published studies prior to 2010, religious involvement is related  
to:

Less depression, faster recovery from depression  
**272 of 444 studies** (61%)  
[67% of best]

More depression (6%)

\*Handbook of Religion and Health, 2<sup>nd</sup> edition, Oxford University  
Press, 2012



Chen et al. (2020). Religious-service attendance and subsequent health and well-being throughout adulthood: evidence from three prospective cohorts. International Journal of Epidemiology (<https://doi.org/10.1093/ije/dyaa120>) [**3-6 year prospective study of 9,862 young adults (ave. age 23)** followed from 2007 to 2010-2013; two dozen covariates controlled for, along with p values corrected for examination of multiple outcomes using the conservative Bonferroni correction]

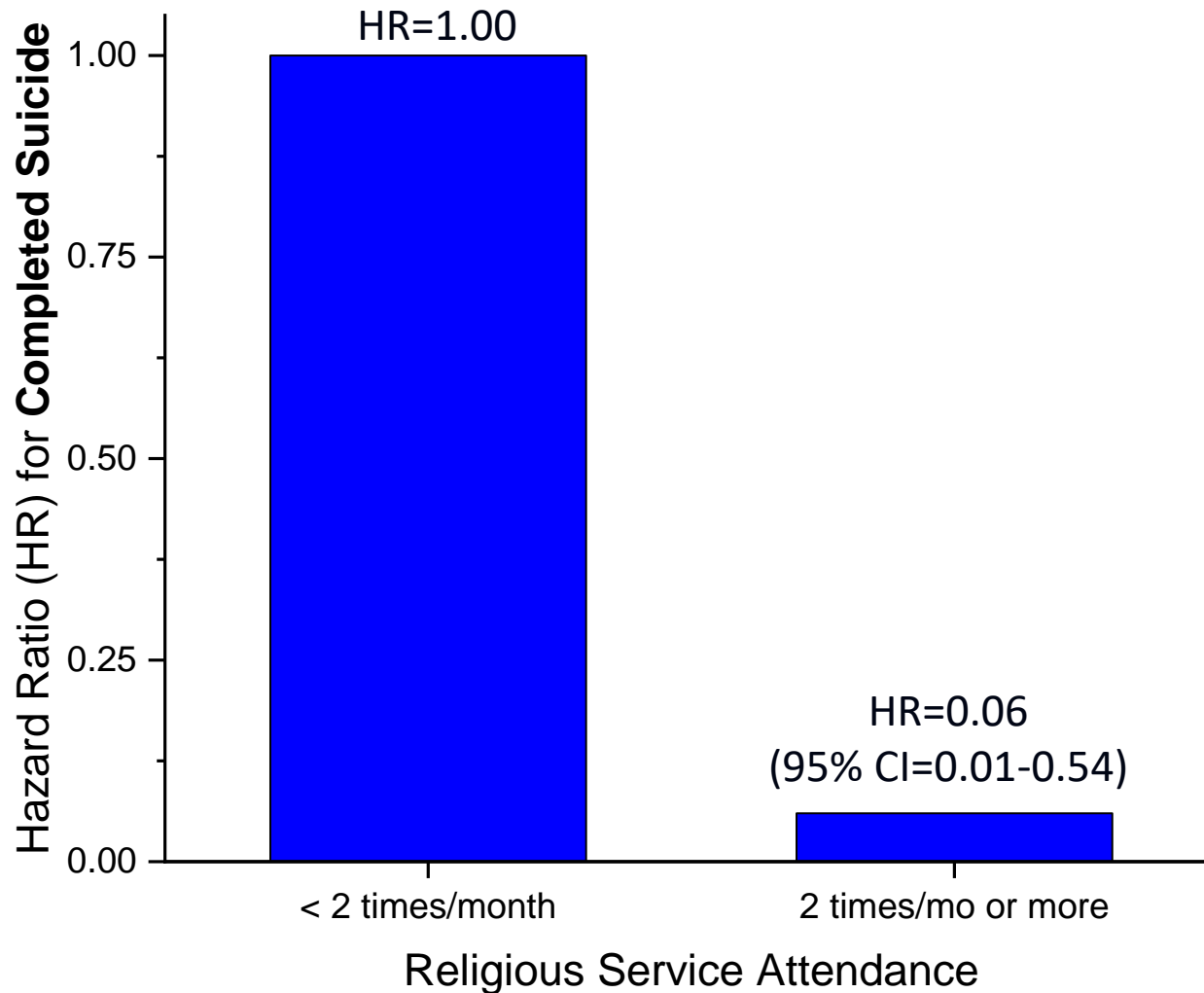
# Suicide

(systematic review\*)

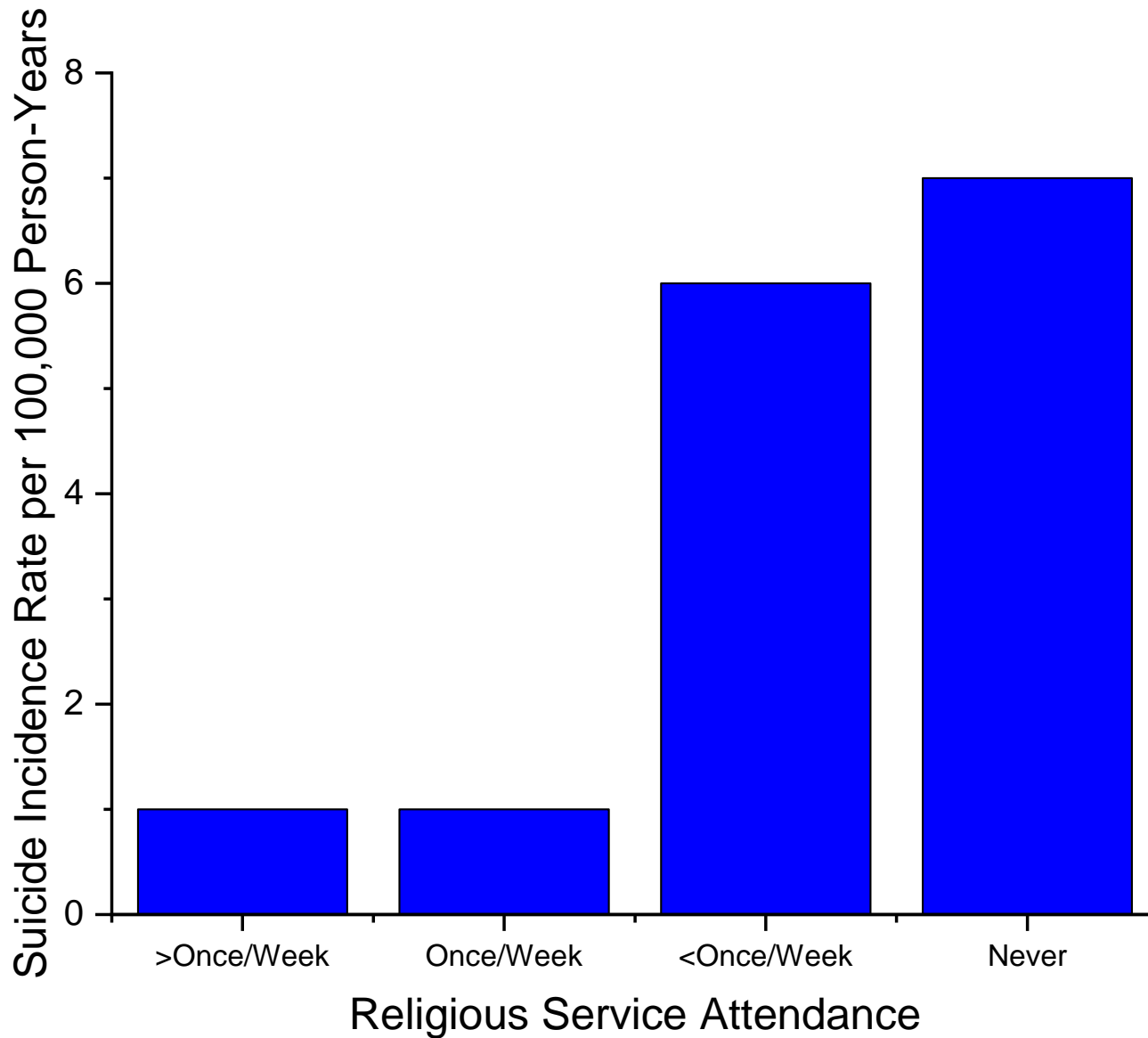
Religious involvement is related to:

Less suicide and more negative attitudes toward suicide  
(106 of 141 or 75% of studies)

\*Handbook of Religion and Health, 2<sup>nd</sup> edition, Oxford University Press, 2012



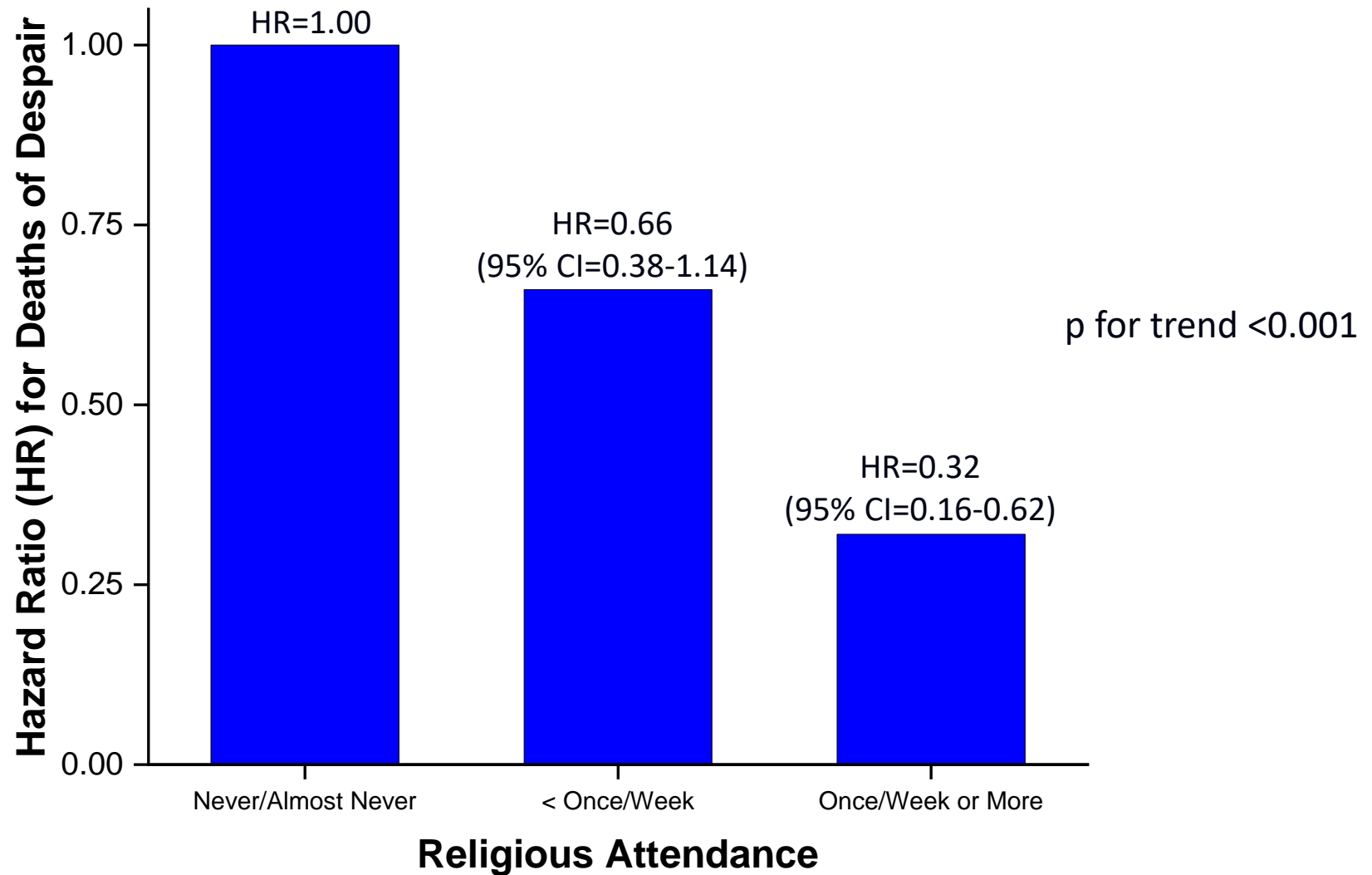
Kleiman, E. M., & Liu, R. T. (2014). Prospective prediction of suicide in a nationally representative sample: religious service attendance as a protective factor. *British Journal of Psychiatry*, 204(4), 262-266. [18-year prospective study from 1988/1994 to 2006 involving a random U.S. national sample of **20,014 persons age 18 years or over (NHANES-III)**; findings remained significant after controlling for gender, age, size of household, previous suicide attempt, and marijuana use]



Nurses Health Study: 89,708 women followed from 1996 to 2010 (**HR=0.16, 95% CI 0.06-0.46**)  
VanderWeele et al (2016). JAMA Psychiatry (Archives of General Psychiatry) 73(8):845-851

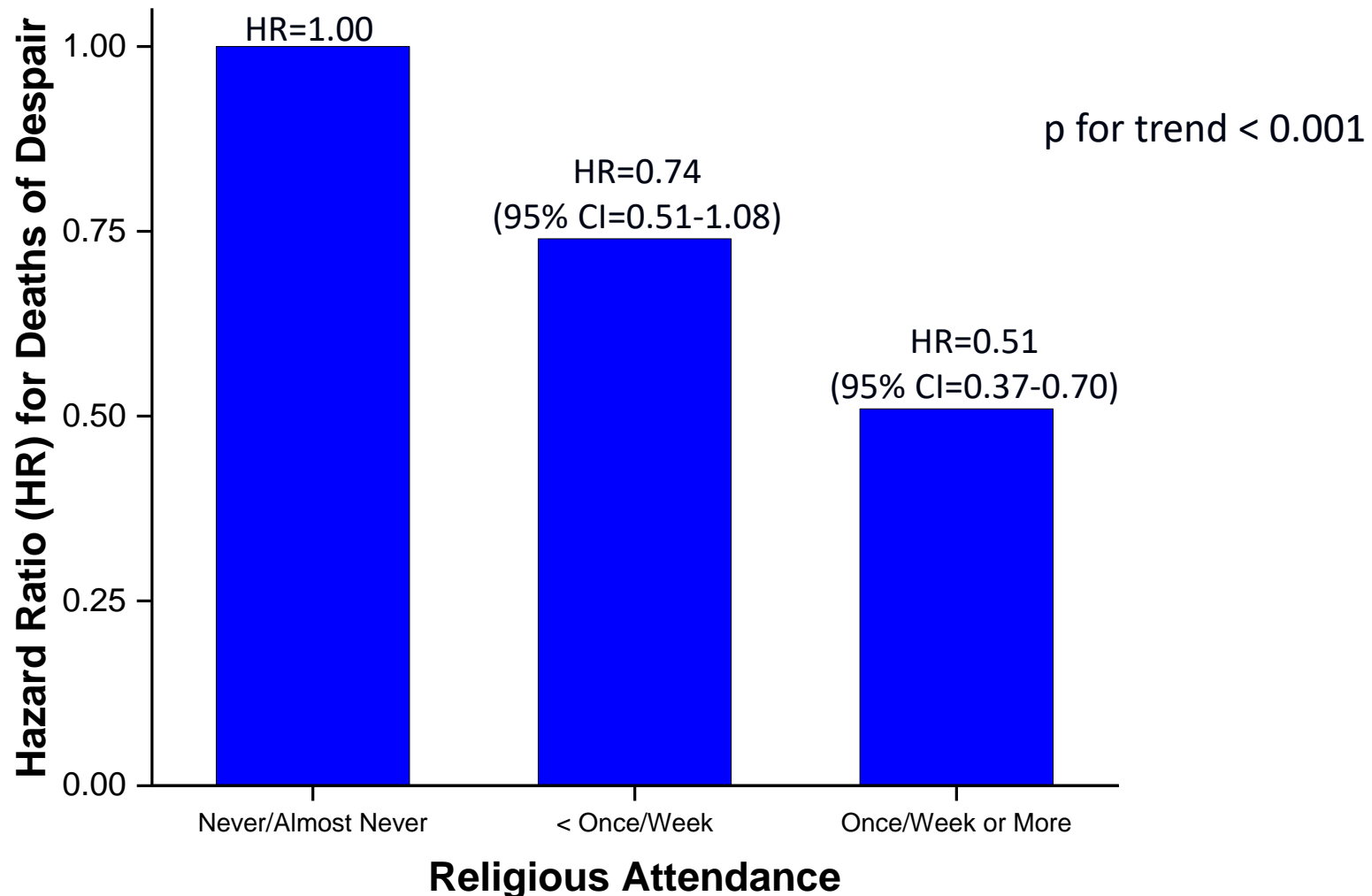


# Religious Attendance and Deaths of Despair Among U.S. Health Professionals (Women)



Chen, Y., et al. (2020). Religious service attendance and deaths related to drugs, alcohol, and suicide among US health care professionals. *JAMA Psychiatry*, 77(7), 737-744. [16-year prospective study (Nurses Health Study-II, 2001-2017) of **66,492 women** examining “deaths of despair” (from **drugs, alcohol, or suicide**); Cox proportional hazards regression models controlling for 25 demographic, psychological, social, and physical health covariates]

# Religious Attendance and Deaths of Despair Among U.S. Health Professionals (men)



Chen, Y., Koh, H. K., Kawachi, I., Botticelli, M., & VanderWeele, T. J. (2020). Religious service attendance and deaths related to drugs, alcohol, and suicide among US health care professionals. *JAMA Psychiatry*, 77(7), 737-744. [26-year prospective study (Health Professionals Follow-up Study, 1988-2014) of **43,141 men** (dentists, pharmacists, optometrists, osteopaths, podiatrists, veterinarians) examining “deaths of despair” (from drugs, alcohol, or suicide); Cox proportional hazards regression models age adjusted]

# Well-being and Happiness

(systematic review\*)

Religious involvement is related to:

Greater well-being and happiness  
256 of 326 studies (79%)

[82% of best]

Lower well-being or happiness (3 of 326 studies, <1%)

\*Handbook of Religion and Health, 2<sup>nd</sup> edition, Oxford University Press, 2012

# Meaning, Purpose, Hope, Optimism

(systematic review\*)

Religious involvement is related to:

Greater meaning and purpose

42 of 45 studies (93%)

[100% of best]

Greater hope

29 of 40 studies (73%)

Great optimism

26 of 32 studies (81%)

All of the above have consequences for patients'  
motivation for self-care and efforts toward recovery

# **Spirituality and Social Health**

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# Social Support

(systematic review\*)

Religious involvement is related to:

- Great social support  
(61 of 74 studies) (82%)

\*Handbook of Religion and Health, 2<sup>nd</sup> edition, Oxford University Press, 2012

# Spirituality and Health Behaviors

# Alcohol Use/Abuse/Dependence

(systematic review\*)

Religious involvement is related to:

Less alcohol use / abuse / dependence  
240 of 278 studies (86%)

[90% of best designed studies]

\*Handbook of Religion and Health, 2<sup>nd</sup> edition, Oxford University Press, 2012



# Illicit Drug Use

(systematic review\*)

Religious involvement is related to:

Less drug use / abuse / dependence  
**155 of 185** studies (84%)

[86% of best designed studies]

[95% of RCT or experimental studies]

\*Handbook of Religion and Health, 2<sup>nd</sup> edition, Oxford University Press, 2012

# Cigarette smoking

(systematic review)

Religious involvement is related to:

Less cigarette smoking, especially among **the young**  
(122 of 135 studies) (90%)

# Exercise, Weight, Risky Behaviors

(systematic review)

Religion is related to:

- More exercise/physical activity  
(25 of 37 studies) (68%)
- Less extra-marital sex, safer sexual practices (fewer partners) (82 of 95 studies) (86%)
- Lower weight  
(7 of 36 studies) (19%)
- Heavier weight  
(14 of 36 studies) (39%)



# Past Research on Spirituality & Physical Health

Greater religious involvement is associated with:

- Have less heart disease
- Have lower blood pressure
- Have lower rates of stroke
- Experience less cognitive decline with aging
- Experience less physical disability with aging
- Have better immune function and less systemic inflammation
- Have better endocrine functions (<cortisol, epi & norepinephrine)
- Have lower death rates from cancer
- Experience greater longevity

**Source:** Handbook of Religion & Health, 3<sup>rd</sup> ed, 2024

# Global Flourishing Study

Global Flourishing Study is a \$43.4 million study in collaboration with researchers at Harvard University, Baylor University, Gallup, and the Center for Open Science, with 202,898 participants in 22 countries from six continents with five waves of annual data collection on the factors that influence human flourishing. Wave 1 (2022) Has now been completed in the first set of scientific papers has been published in a special issue of *Nature*. Will review some of the findings here.

Religious Involvement  
Mental Health  
Social Relationships  
Generosity & Altruism  
Character Development  
Health Behaviors  
Physical Health  
Financial Well-Being

(primary focus on religious attendance)

# Religious Involvement

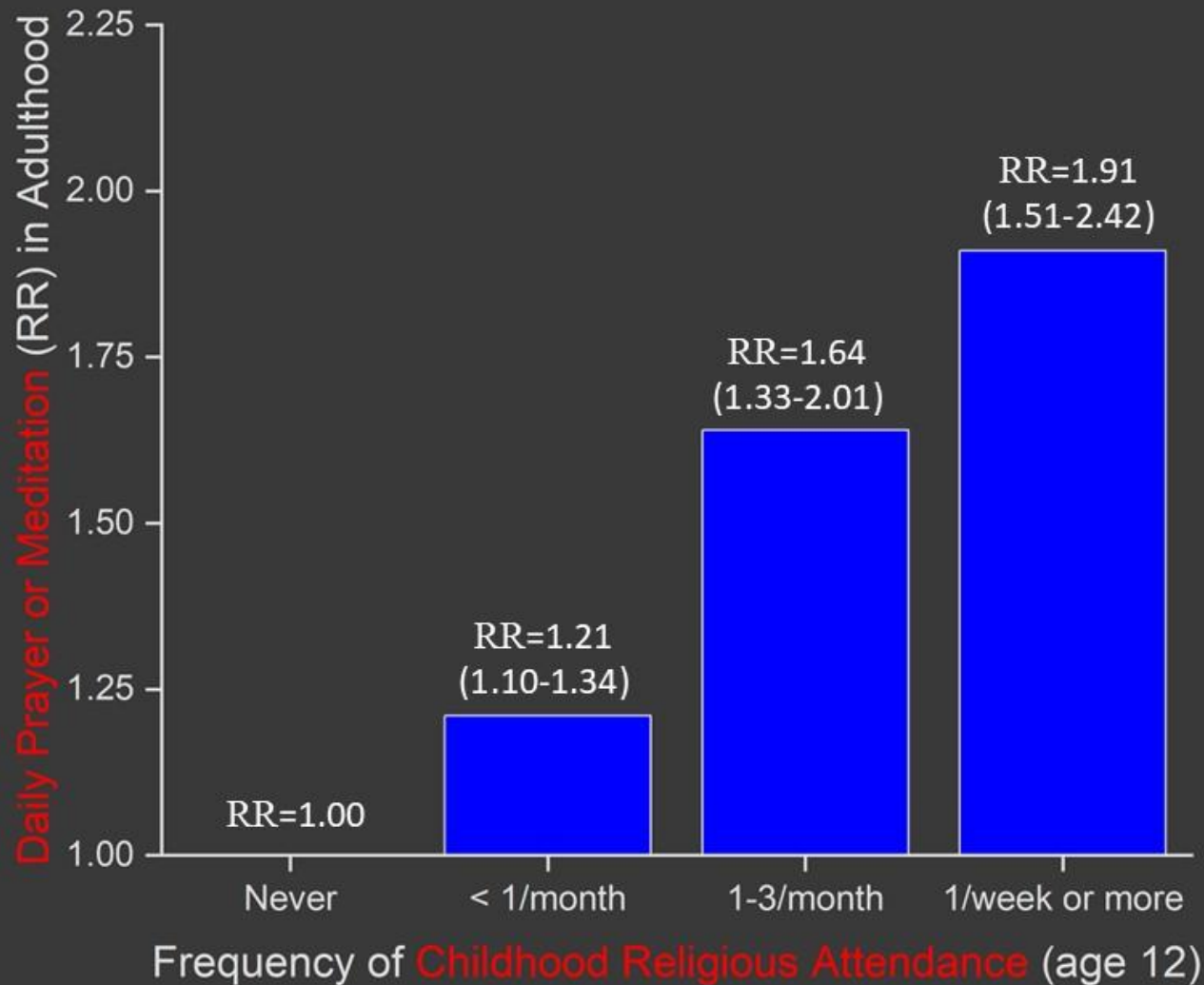
## Centrality of Religion in **Global Flourishing Study** (2022) (n= 202,898)

“My religious beliefs and practices are what really lie behind my whole approach to life.”

<u>Country</u>	<u>% Agree (vs. disagree, not relevant, unsure)</u>
Indonesia	94
Tanzania	91
Egypt	90
Nigeria	89
India	86
Kenya	81
South Africa	78
Philippines	74
Turkey	71
Brazil	65
Mexico	55
Israel	46
Argentina	46
United States	44
Poland	44
Hong Kong	32
United Kingdom	28
Spain	27
Australia	26
Germany	18
Sweden	13
Japan	7

Woodberry, R.D., Johnson, K.A., Case, B. *et al.* (2025). Religious centrality across 22 countries. Scientific Reports (Nature) **15**, 15081 (<https://doi.org/10.1038/s41598-025-99183-6>)

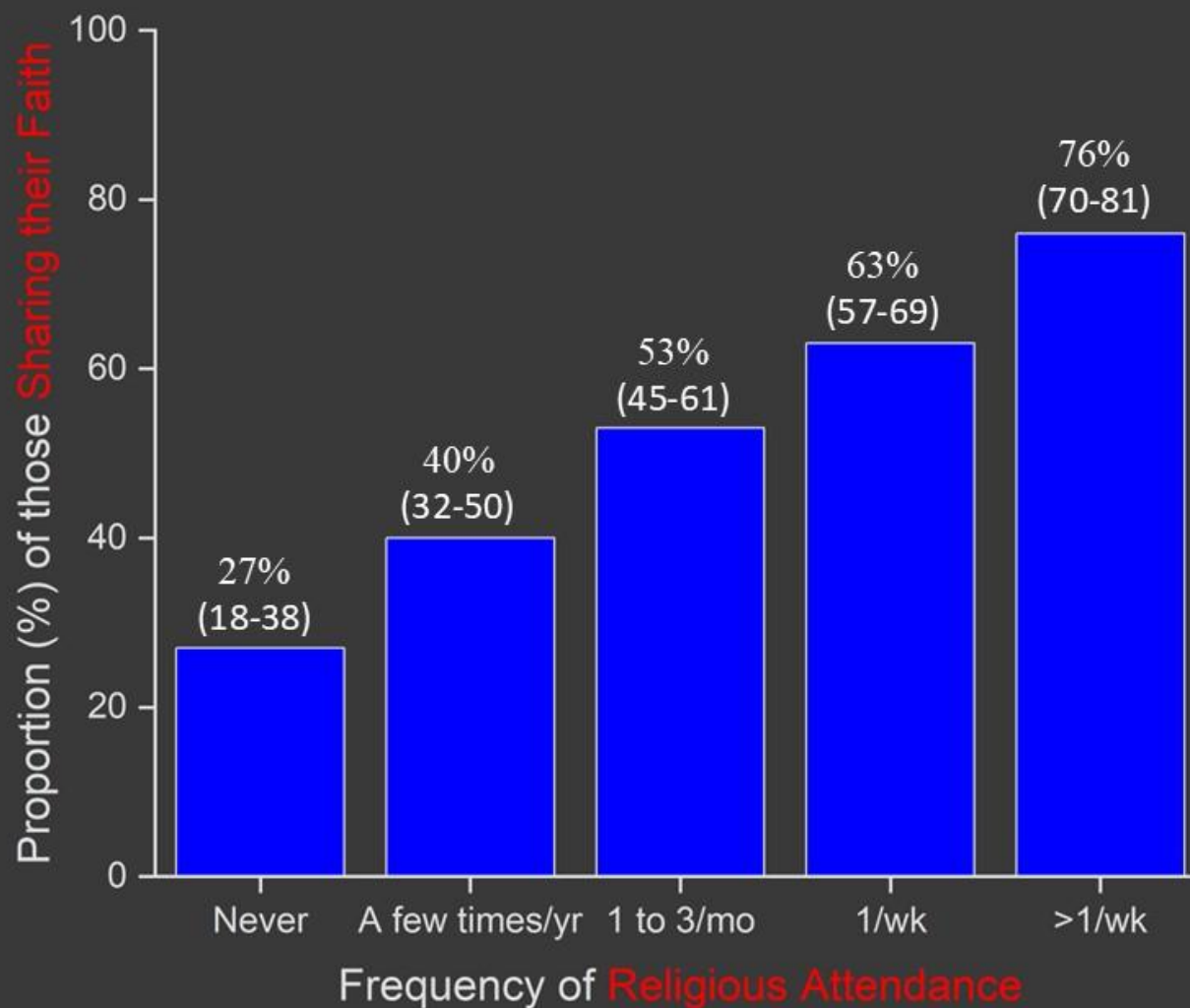




N=202,898 from 22 countries

Random effects meta-analysis of country-specific risk ratios (RR) from modified Poisson regression was used to analyze the association, controlling for relationship with mother, relationship with father, parent marital status, financial status of family growing up, history of abuse, outsider growing up, self-rated health growing up, immigration status, year of birth, and gender (global  $p < 0.001$ , within Bonferroni correction  $p < 0.004$ )

Bradshaw et al. (2025). Childhood experiences and adult prayer or meditation in 22 countries around the world. *Scientific Reports (Nature)*, 15(1), 15083 (<https://doi.org/10.1038/s41598-025-99796-x>)

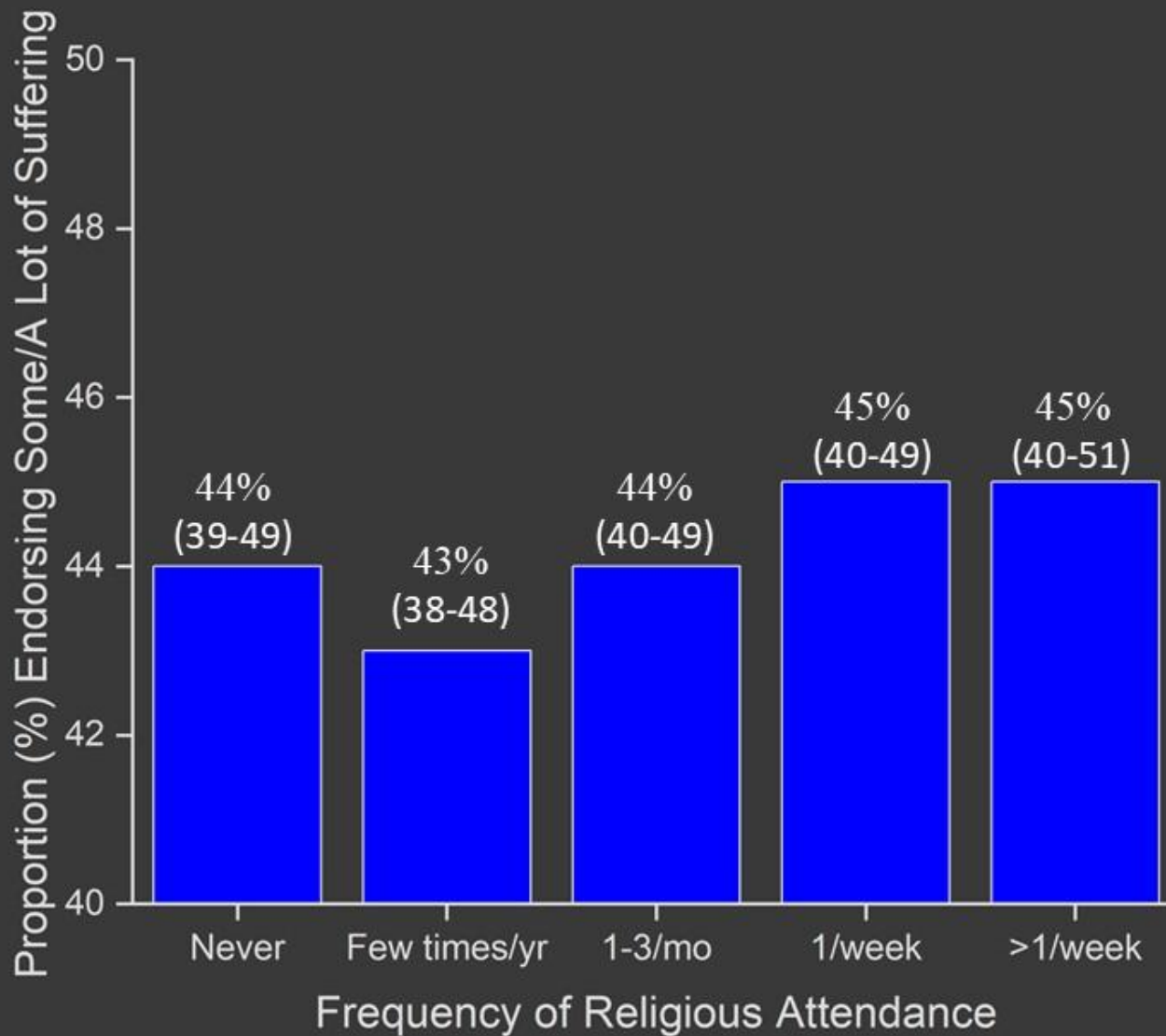


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Random effects meta-analyses of country-specific proportions (%) was used to analyze the association (global  $p < 0.0001$ , well within Bonferroni correction  $p < 0.007$ )

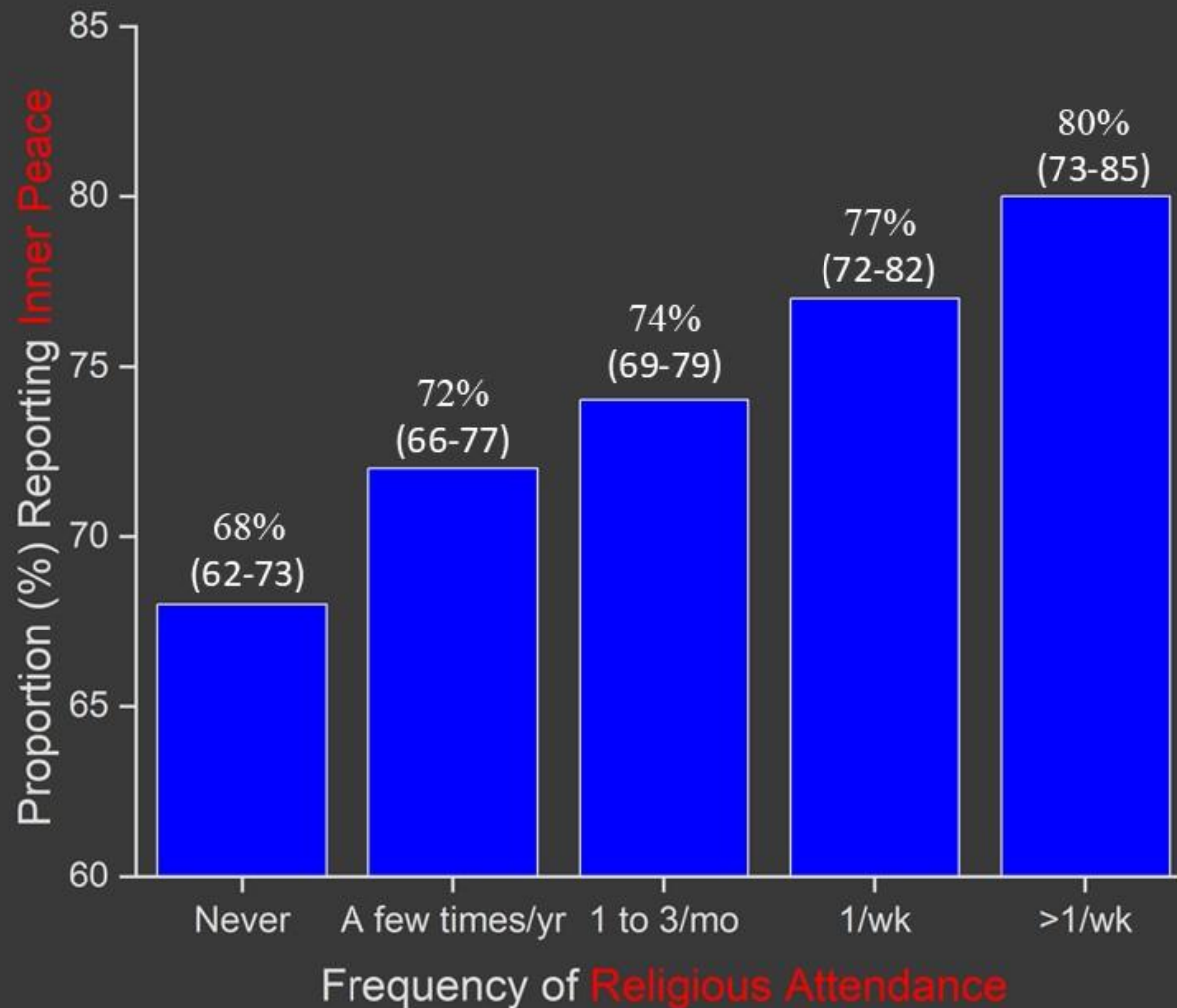
Woodberry et al. (2025). Cross-national variation in faith sharing across religious traditions. *Scientific Reports (Nature)* **15**, 13299 (<https://doi.org/10.1038/s41598-024-83531-z>)

# Religious Attendance and **Mental Health** in Adulthood



N=202,898 from 22 countries

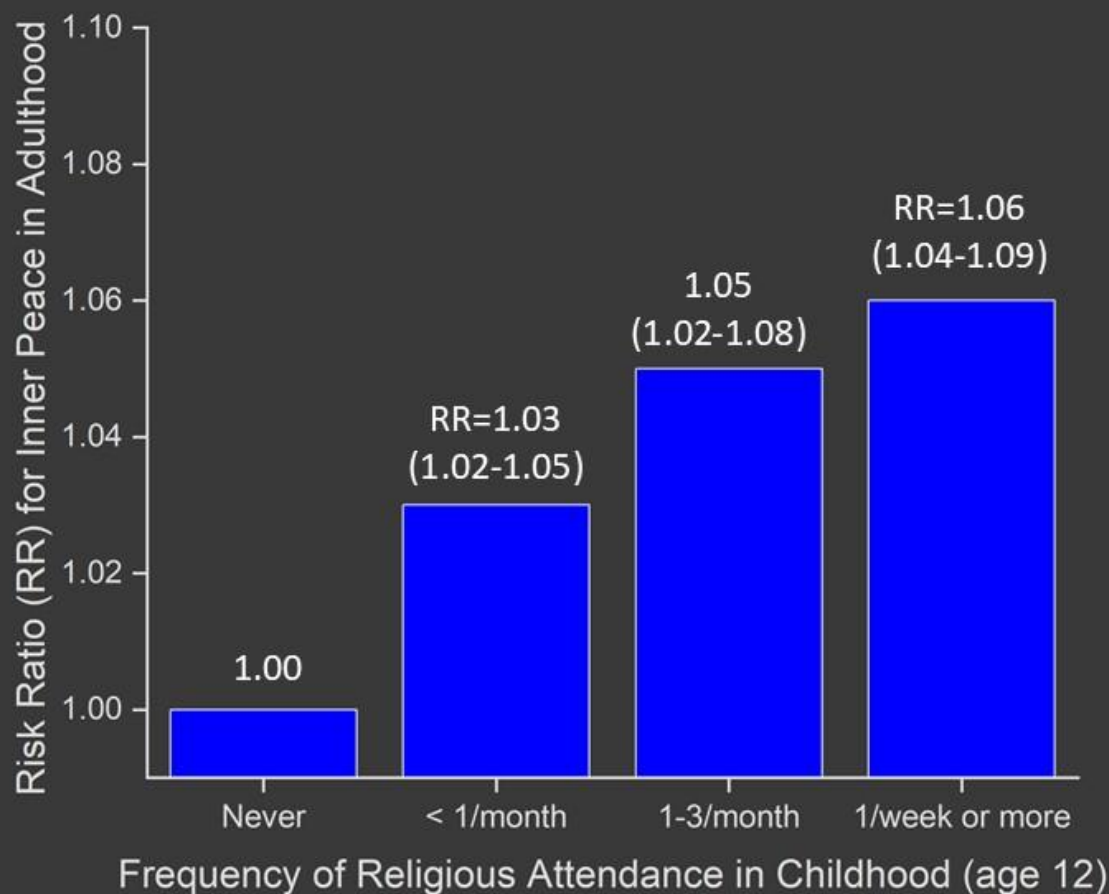
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N=202,898 from 22 countries

Random effects meta-analyses of country-specific proportions (%) was used to analyze the association (global  $p < 0.0001$ , well within Bonferroni correction  $p < 0.007$ )

Lomas et al. (2025). Demographic Variation in Inner Peace Across 22 Countries: A Cross-National Analysis of the Global Flourishing Study. *Journal of Happiness Studies* 26, 66 (<https://doi.org/10.1007/s10902-024-00822-y>)

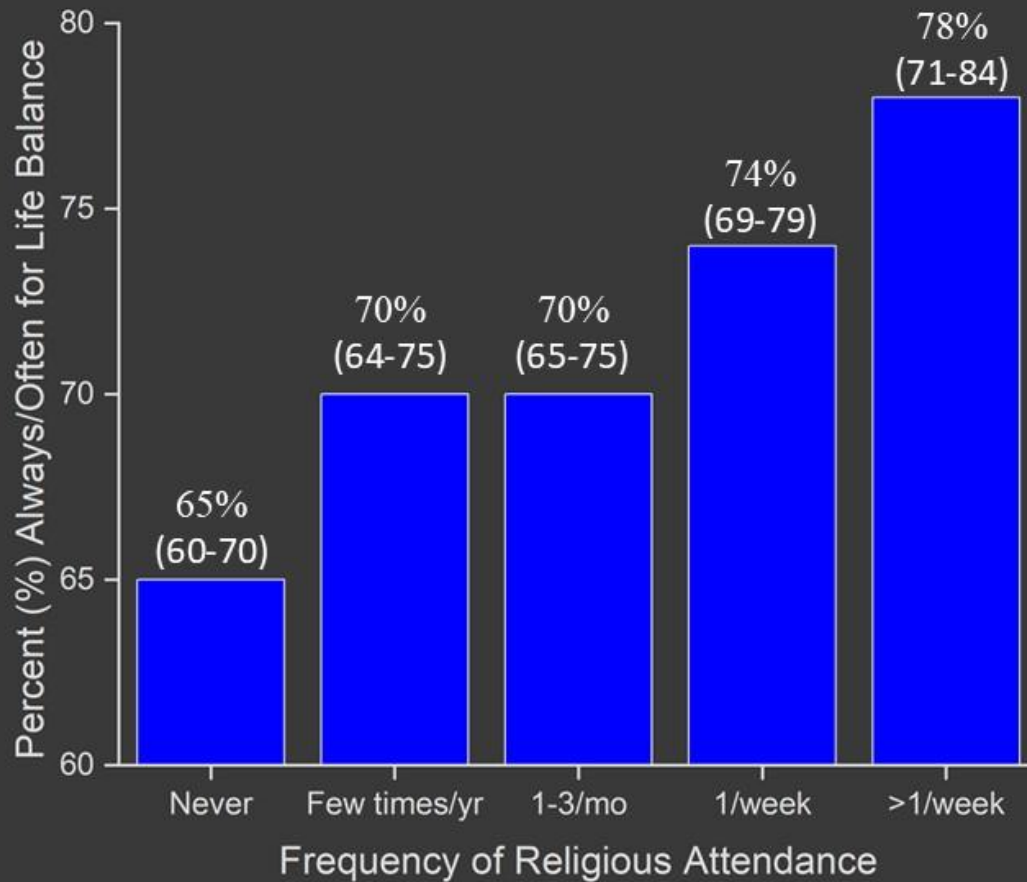


N=202,898 from 22 countries

Random effects meta-analysis of country-specific risk ratios (RR) from modified Poisson regression was used to analyze the association, controlling for relationship with mother, relationship with father, parent marital status, financial status of family growing up, history of abuse, outsider growing up, self-rated health growing up, immigration status, year of birth, and gender (global  $p < 0.001$ , within Bonferroni correction  $p < 0.004$ )

Lomas et al. (2025). An exploratory cross-national analysis of the childhood predictors of inner peace in the Global Flourishing Study. *Scientific Reports (Nature)*, 15(1), 11328 (<https://doi.org/10.1038/s41598-024-83353-z>)

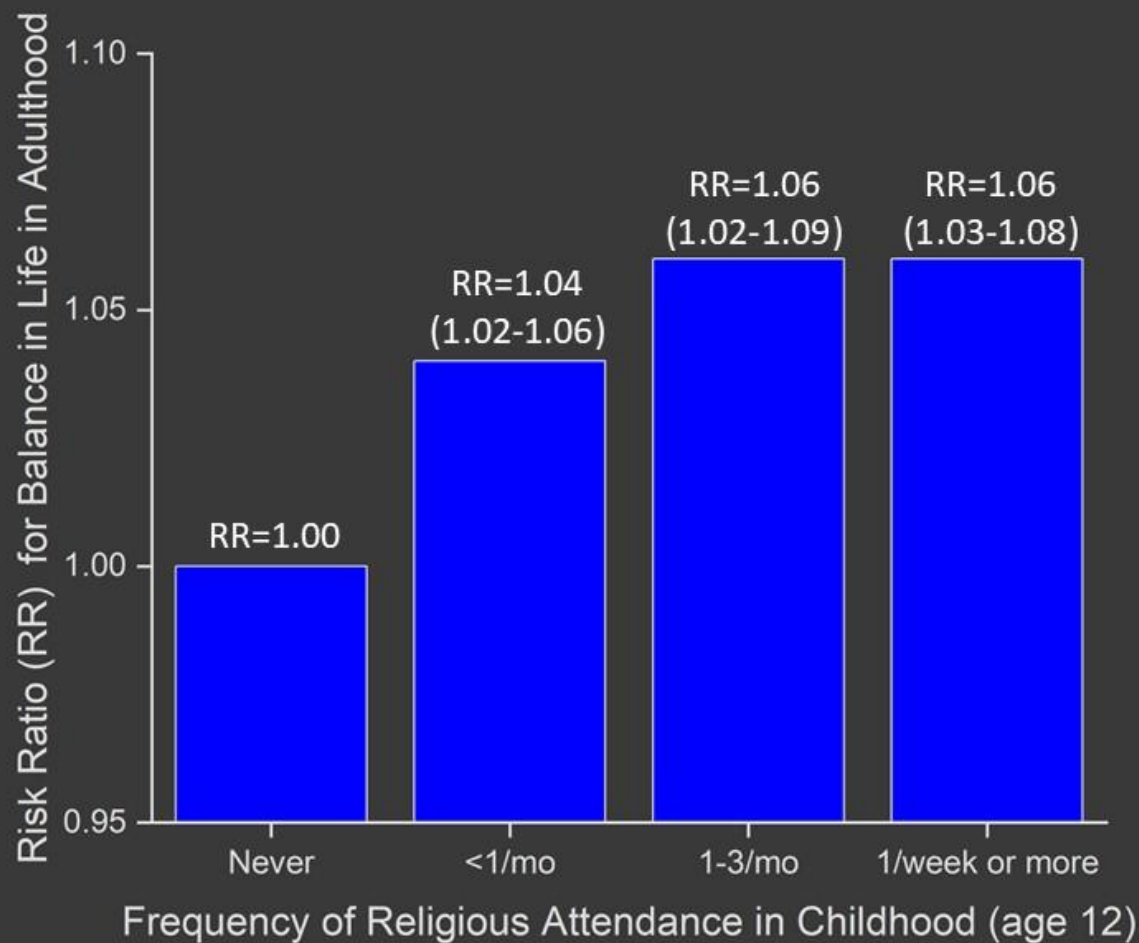




N=202,898 from 22 countries

Random effects meta-analysis of country-specific proportions (%) was used to analyze the association (global  $p < 0.001$ , within Bonferroni correction  $p < 0.007$ )

Lomas et al. (2025). Demographic variation in balance in life across 22 countries: A cross-national analysis of the Global Flourishing Study. *Applied Research in Quality of Life* (Springer Nature) 1-26 (<https://doi.org/10.1007/s11482-024-10407-9>)

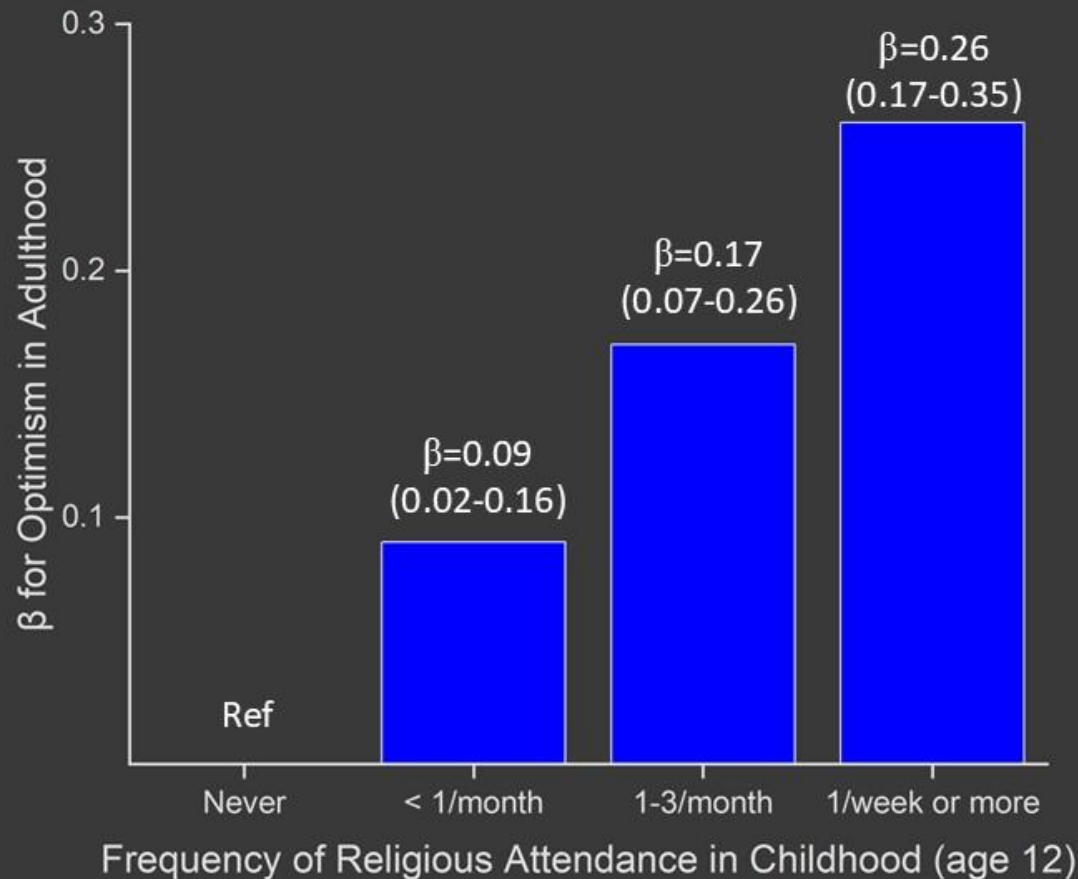


N=202,898 from 22 countries

Random effects meta-analysis of country-specific risk ratios (RR) from modified Poisson regression was used to analyze the association, controlling for relationship with mother, relationship with father, parent marital status, financial status of family growing up, history of abuse, outsider growing up, self-rated health growing up, immigration status, year of birth, and gender (global  $p < 0.001$ , within Bonferroni correction  $p < 0.004$ )

Lomas et al. (2025). Childhood predictors of balance in life: A cross-national analysis of the Global Flourishing Study. *Scientific Reports (Nature)* 15(1), 13301 (<https://doi.org/10.1038/s41598-025-89853-w>)

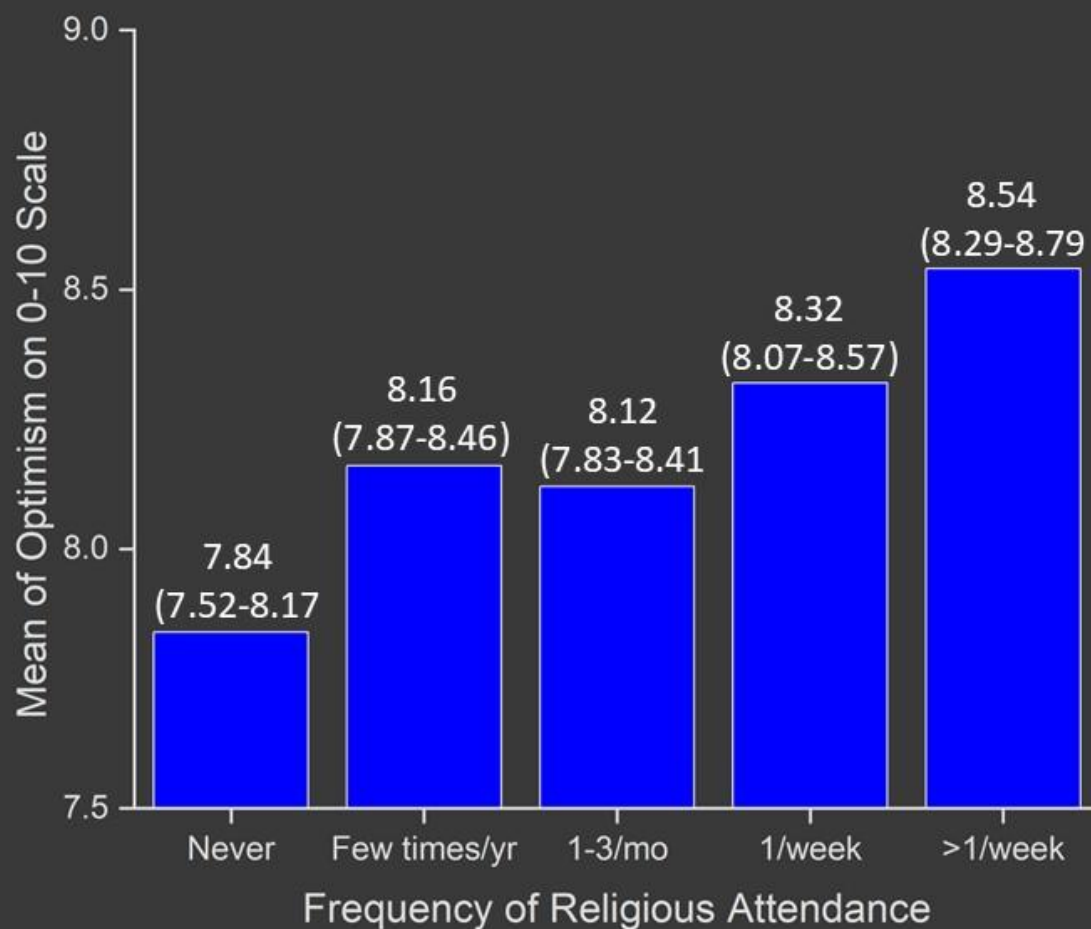




N=202,898

Random effects meta-analysis of country-specific least squares regression was used to analyze the association, controlling for relationship with mother, relationship with father, parent marital status, financial status of family growing up, history of abuse, outsider growing up, self-rated health growing up, immigration status, year of birth, and gender (global  $p < 0.001$ , within Bonferroni correction  $p < 0.004$ )

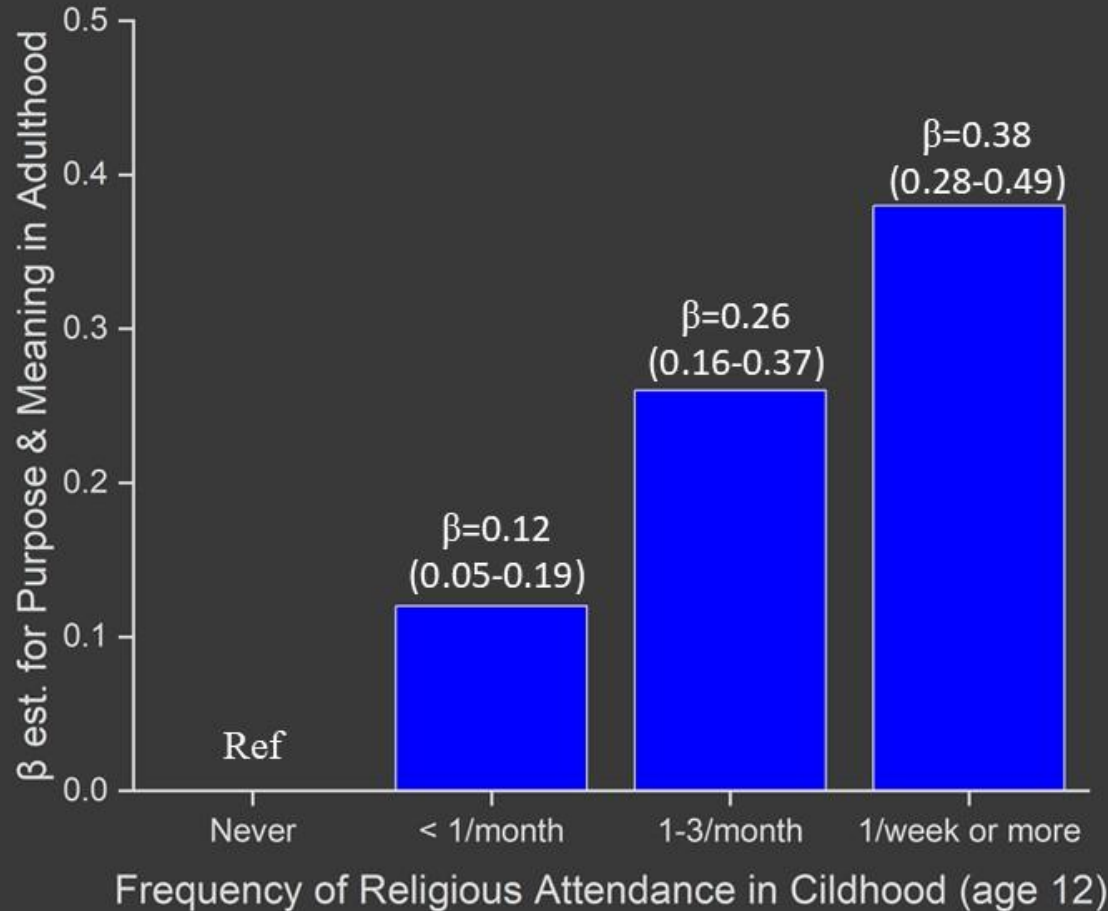
Chen et al. (2025). When the glass is half full: early life experiences and adult optimism in 22 countries. *Nature Partner Journals Mental Health Research* 4(1), 12 (<https://doi.org/10.1038/s44184-024-00109-3>)



N=202,898 from 22 countries

Random effects meta-analysis of country-specific means was used to analyze the association (global  $p < 0.001$ , within Bonferroni correction  $p < 0.007$ )

Chen et al. (2025). The distribution of optimism across sociodemographic groups in 22 countries. *Scientific Reports (Nature)*, 15(1), 14553 (<https://doi.org/10.1038/s41598-024-77257-1>)

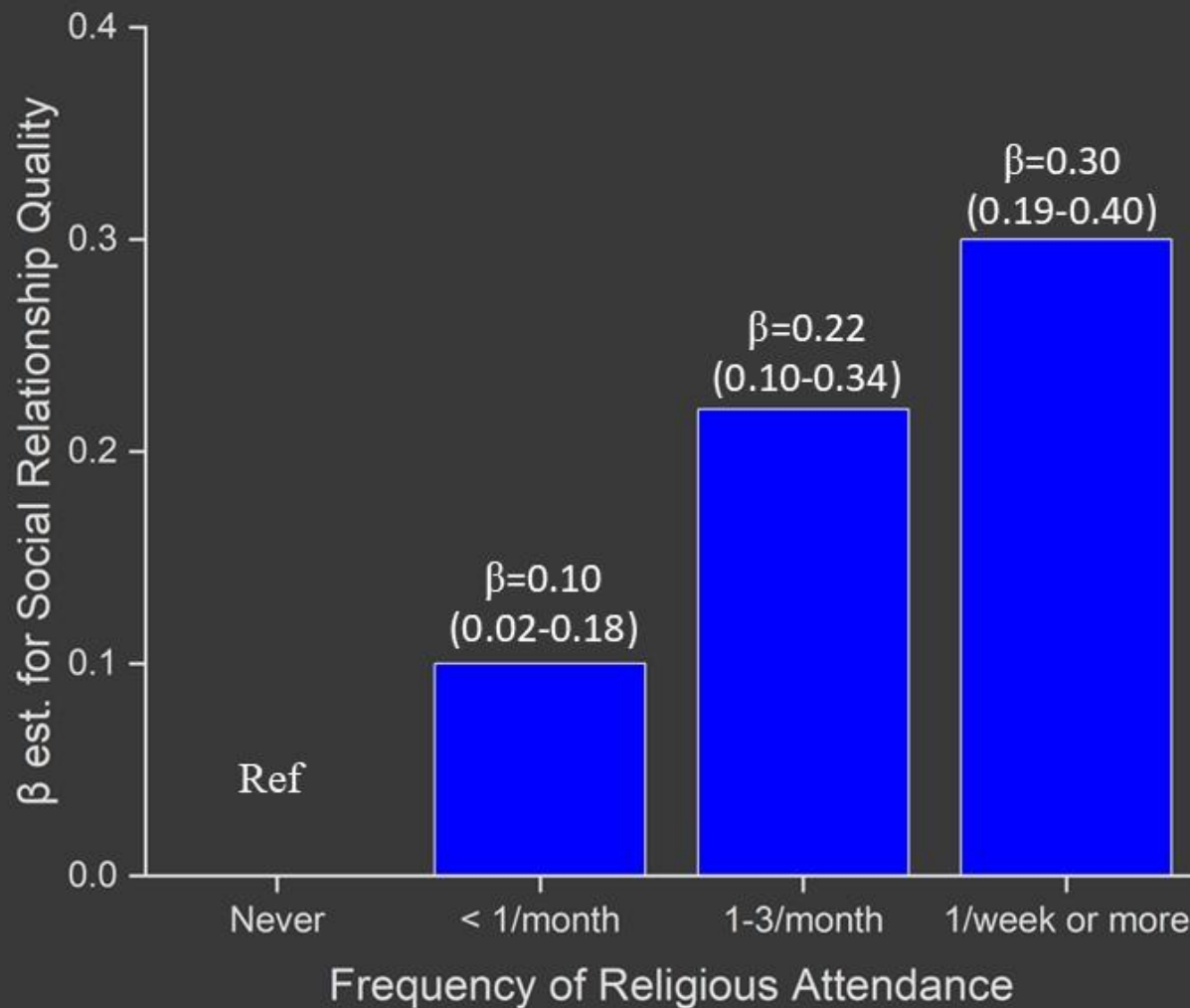


N=202,898 from 22 countries

Random effects meta-analysis of country-specific least squares regression was used to analyze the association, controlling for relationship with mother, relationship with father, parent marital status, financial status of family growing up, history of abuse, outsider growing up, self-rated health growing up, immigration status, year of birth, and gender (global  $p < 0.001$ , within Bonferroni correction  $p < 0.004$ )

Kim et al. (2025). Identifying childhood correlates of adult purpose and meaning across 22 countries (Global Flourishing Study). *Nature Partner Journals Mental Health Research*, 4(1), 14 (<https://doi.org/10.1038/s44184-025-00127-9>)

# Religious Attendance and **Social Relationships** in Adulthood



N=202,898 from 22 countries

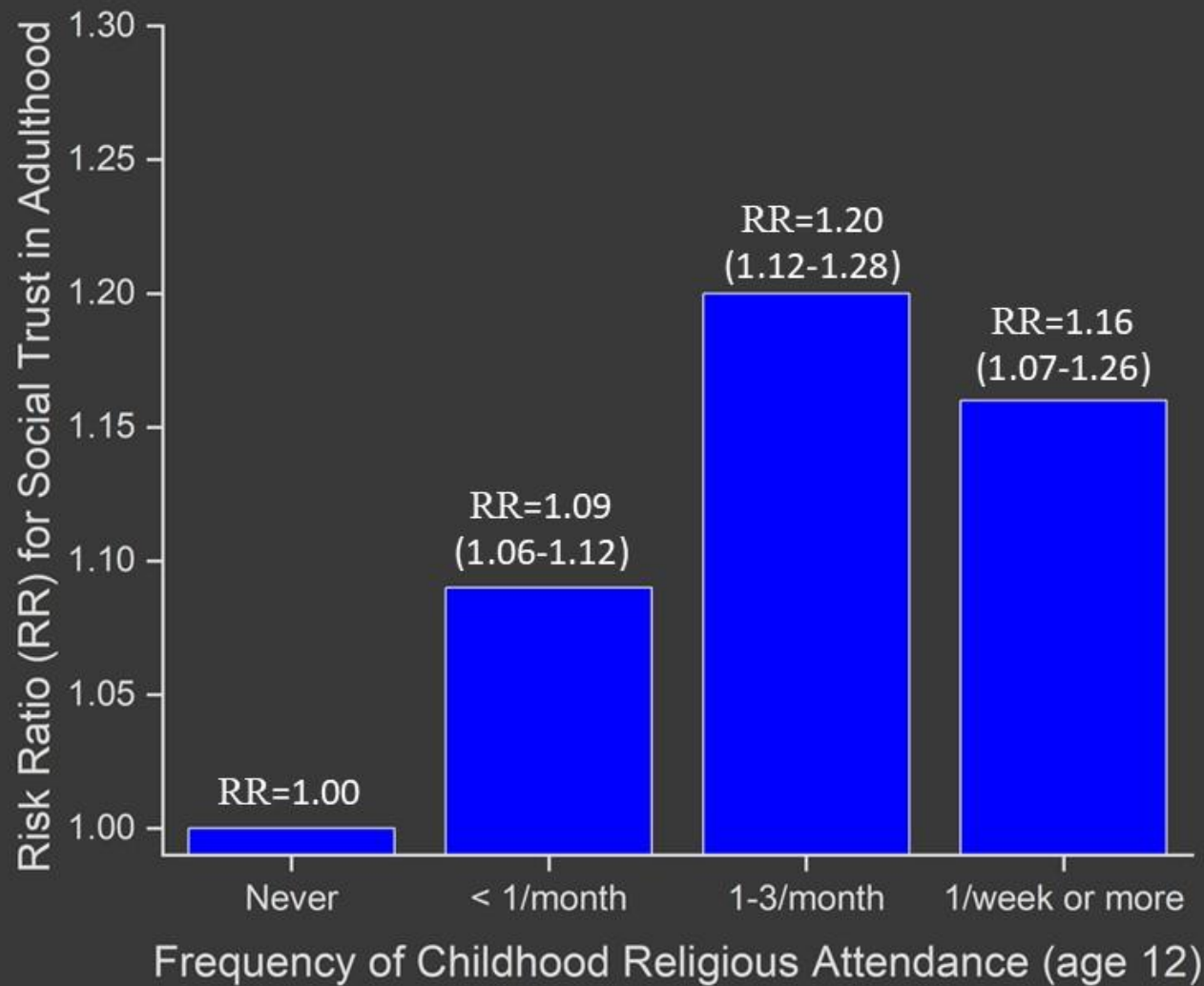
Random effects meta-analysis of country-specific least squares regression was used to analyze the association, controlling for relationship with mother, relationship with father, parent marital status, financial status of family growing up, history of abuse, outsider growing up, self-rated health growing up, immigration status, year of birth, and gender (global  $p < 0.001$ , within Bonferroni correction  $p < 0.004$ )

Wilkinson et al. (2025). Life course insights into social relationship quality: A cross-national analysis of 22 countries. *Scientific Reports (Nature)*, 15(1), 12096 (<https://doi.org/10.1038/s41598-025-86246-x>)



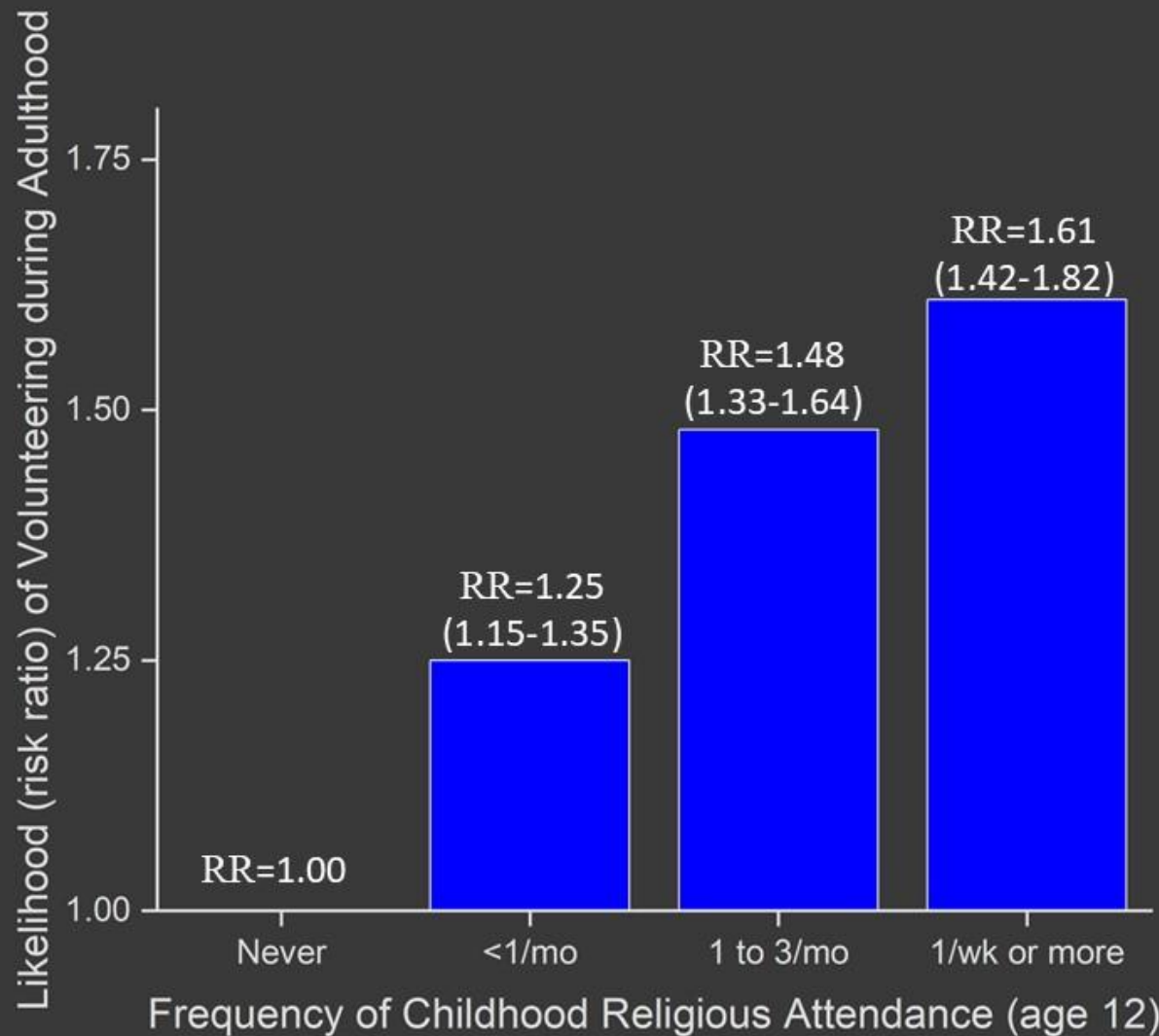
N=202,898 from 22 countries

Random effects meta-analysis of country-specific risk ratios (RR) from modified Poisson regression was used to analyze the association, controlling for relationship with mother, relationship with father, parent marital status, financial status of family growing up, history of abuse, outsider growing up, self-rated health growing up, immigration status, year of birth, and gender (global  $p < 0.001$ , within Bonferroni correction  $p < 0.004$ )



Kim et al. (2025). Childhood predictors of perceptions of social trust across 22 countries in the global flourishing study. *Scientific Reports (Nature)*, 15(1), 14358 (<https://doi.org/10.1038/s41598-024-78201-z>)

# Religious Attendance and **Generosity/Altruism** in Adulthood

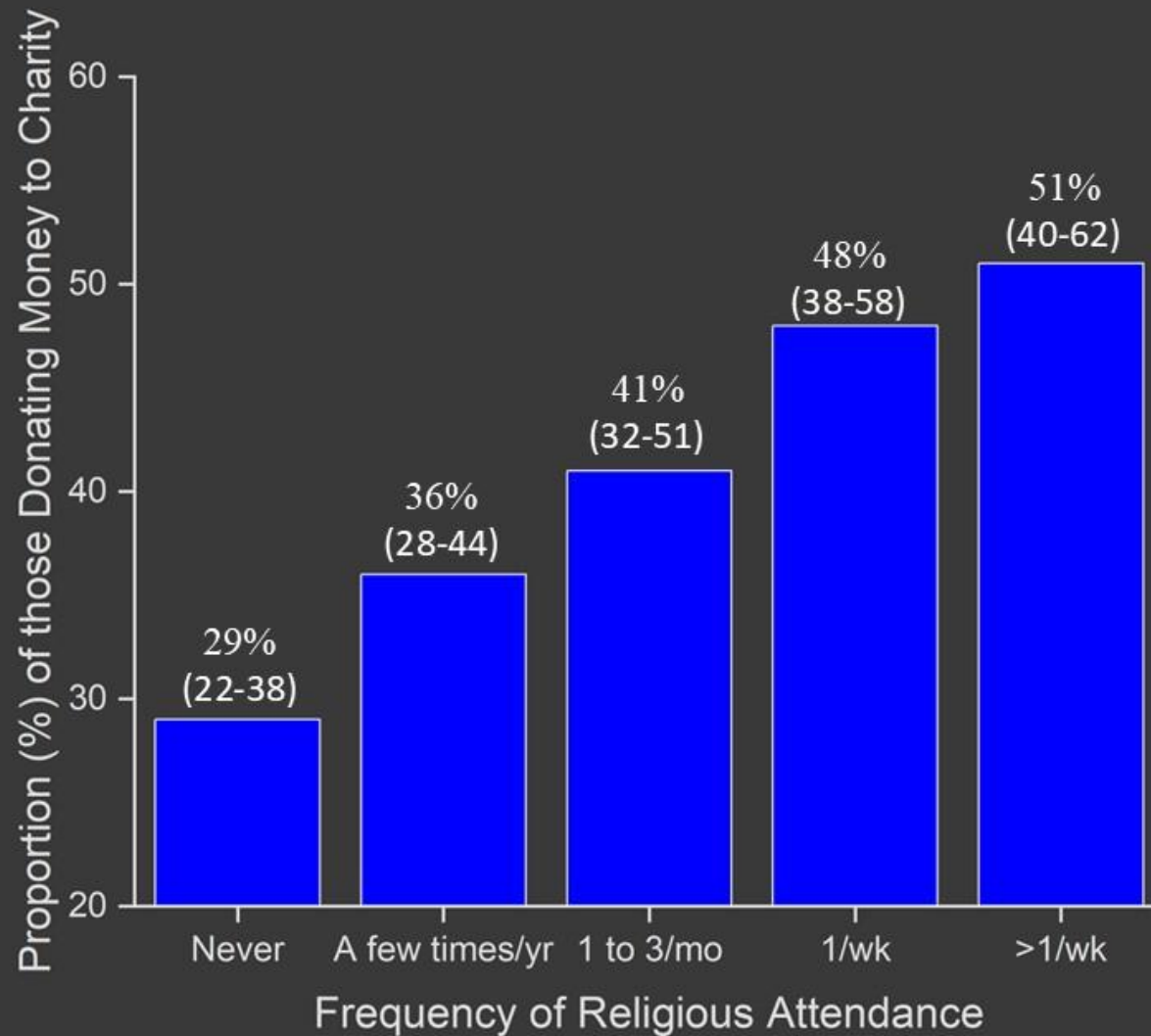


N=202,898 from 22 countries

Random effects meta-analysis of country-specific risk ratios (RR) from modified Poisson regression was used to analyze the association, controlling for relationship with mother, relationship with father, parent marital status, financial status of family growing up, history of abuse, outsider growing up, self-rated health growing up, immigration status, year of birth, and gender (global  $p < 0.001$ , within Bonferroni correction  $p < 0.004$ )

Nakamura et al. (2025). Childhood predictors of volunteering across 22 countries in the Global Flourishing Study. *Scientific Reports*, 15(1), 14797 (<https://doi.org/10.1038/s41598-024-81639-w>)

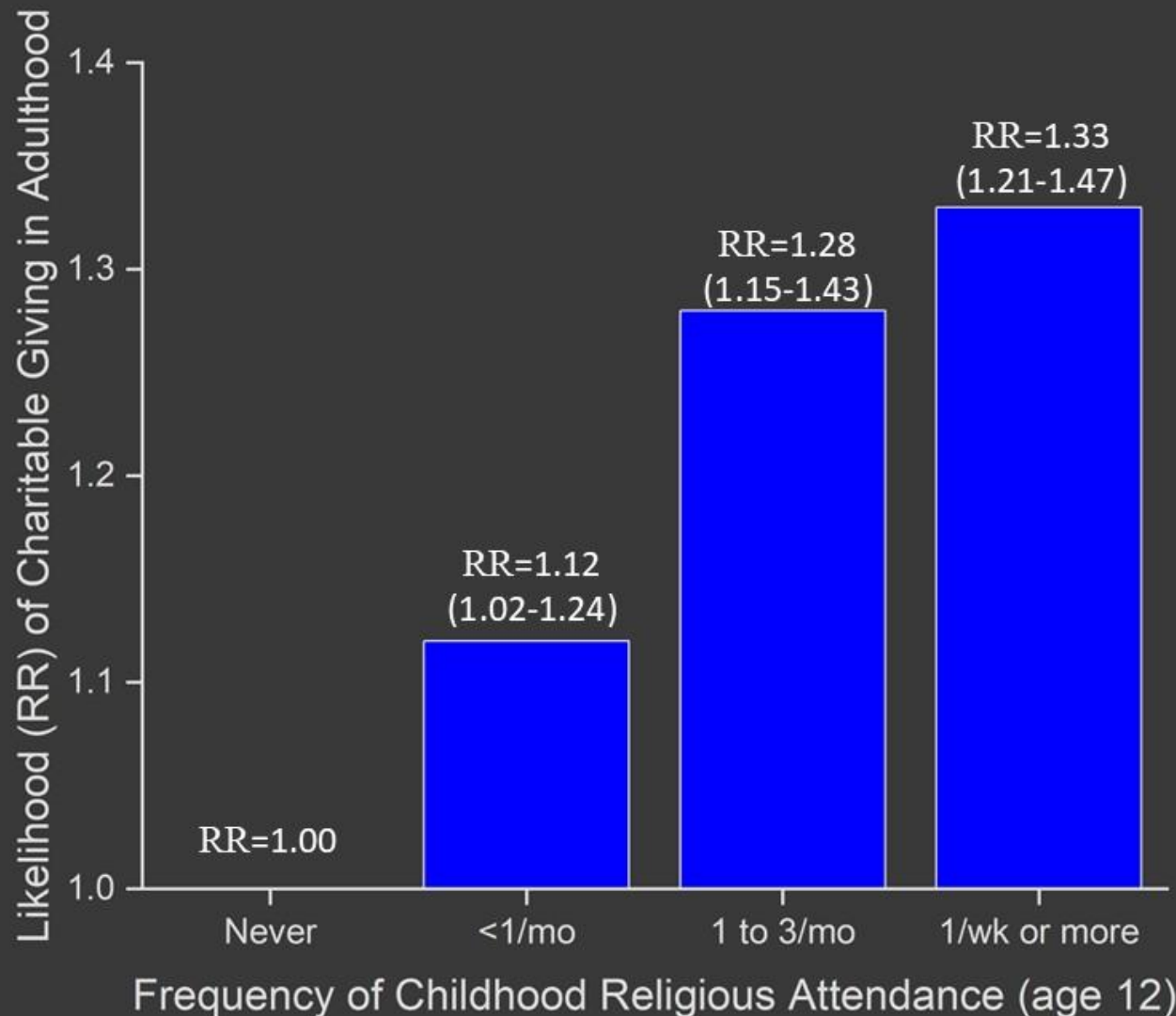




N=202,898 from 22 countries

Random effects meta-analyses of country-specific proportions (%) was used to analyze the association (global  $p < 0.0001$ , within Bonferroni correction  $p < 0.007$ )

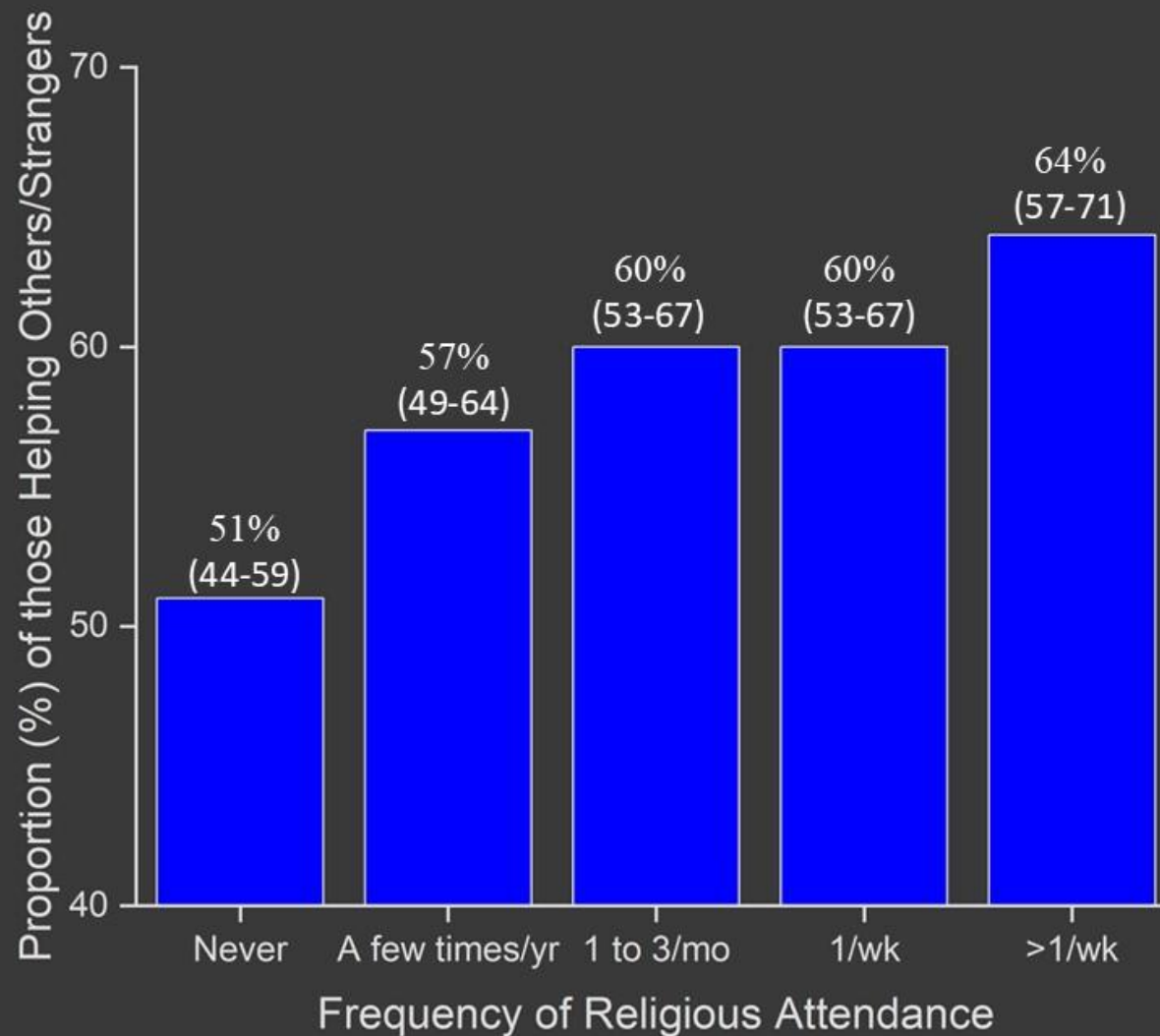
Nakamura et al. (2025). Demographic variation in charitable giving and helping across 22 countries in the Global Flourishing Study. *Scientific Reports*, 15(1), 14802. (<https://doi.org/10.1038/s41598-025-96009-3>)



N=202,898 from 22 countries

Random effects meta-analysis of country-specific risk ratios (RR) from modified Poisson regression was used to analyze the association, controlling for relationship with mother, relationship with father, parent marital status, financial status of family growing up, history of abuse, outsider growing up, self-rated health growing up, immigration status, year of birth, and gender (global  $p < 0.001$ , within Bonferroni correction  $p < 0.004$ )

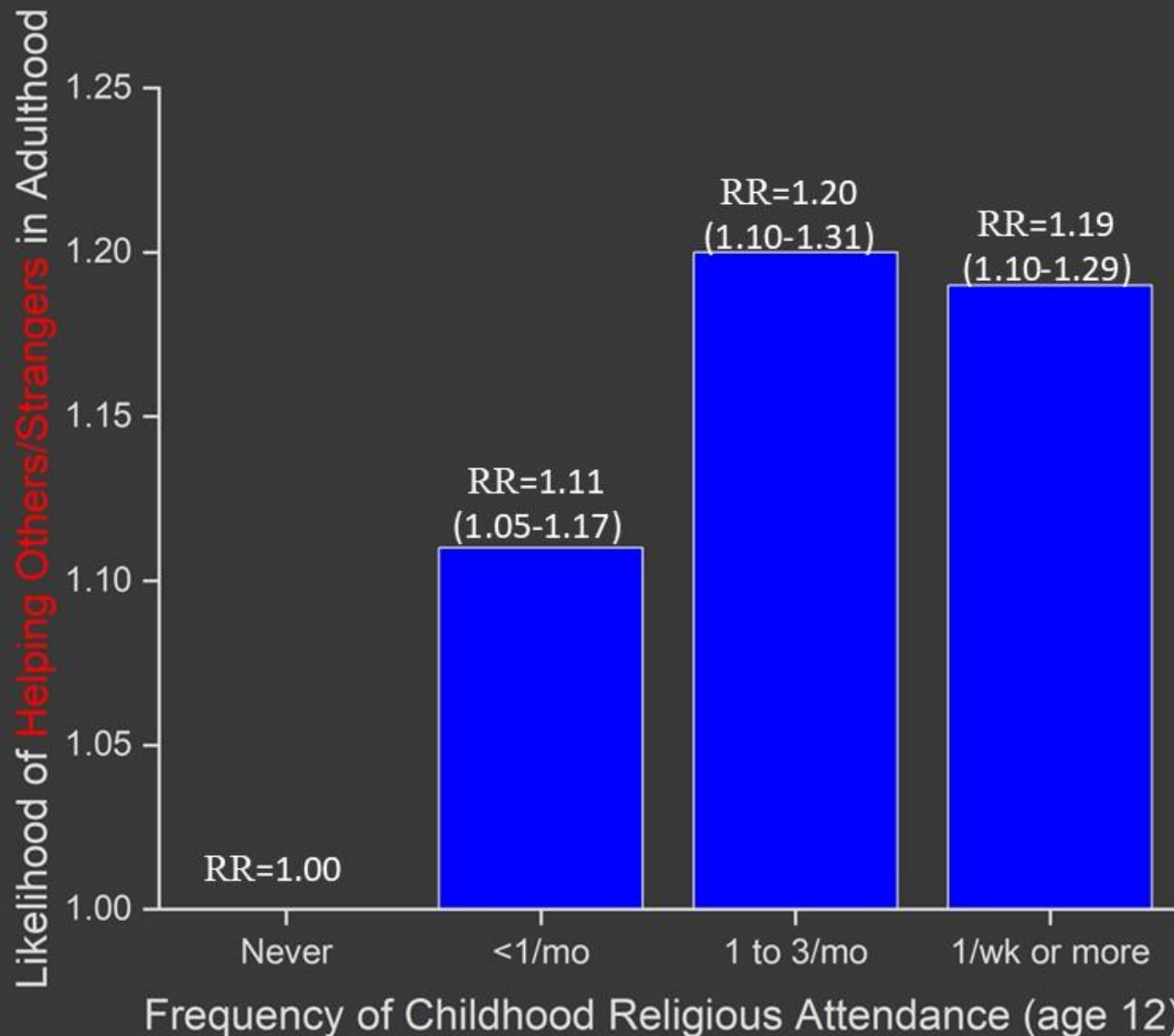
Nakamura et al. (2025). Childhood predictors of charitable giving and helping across 22 countries in the Global Flourishing Study. *Scientific Reports*, 15(1), 14493 (<https://doi.org/10.1038/s41598-024-77950-1>)



N=202,898 from 22 countries

Random effects meta-analyses of country-specific proportions (%) was used to analyze the association (global  $p < 0.0001$ , well within Bonferroni correction  $p < 0.007$ )

Nakamura et al. (2025). Demographic variation in charitable giving and helping across 22 countries in the Global Flourishing Study. *Scientific Reports*, 15(1), 14802. (<https://doi.org/10.1038/s41598-025-96009-3>)

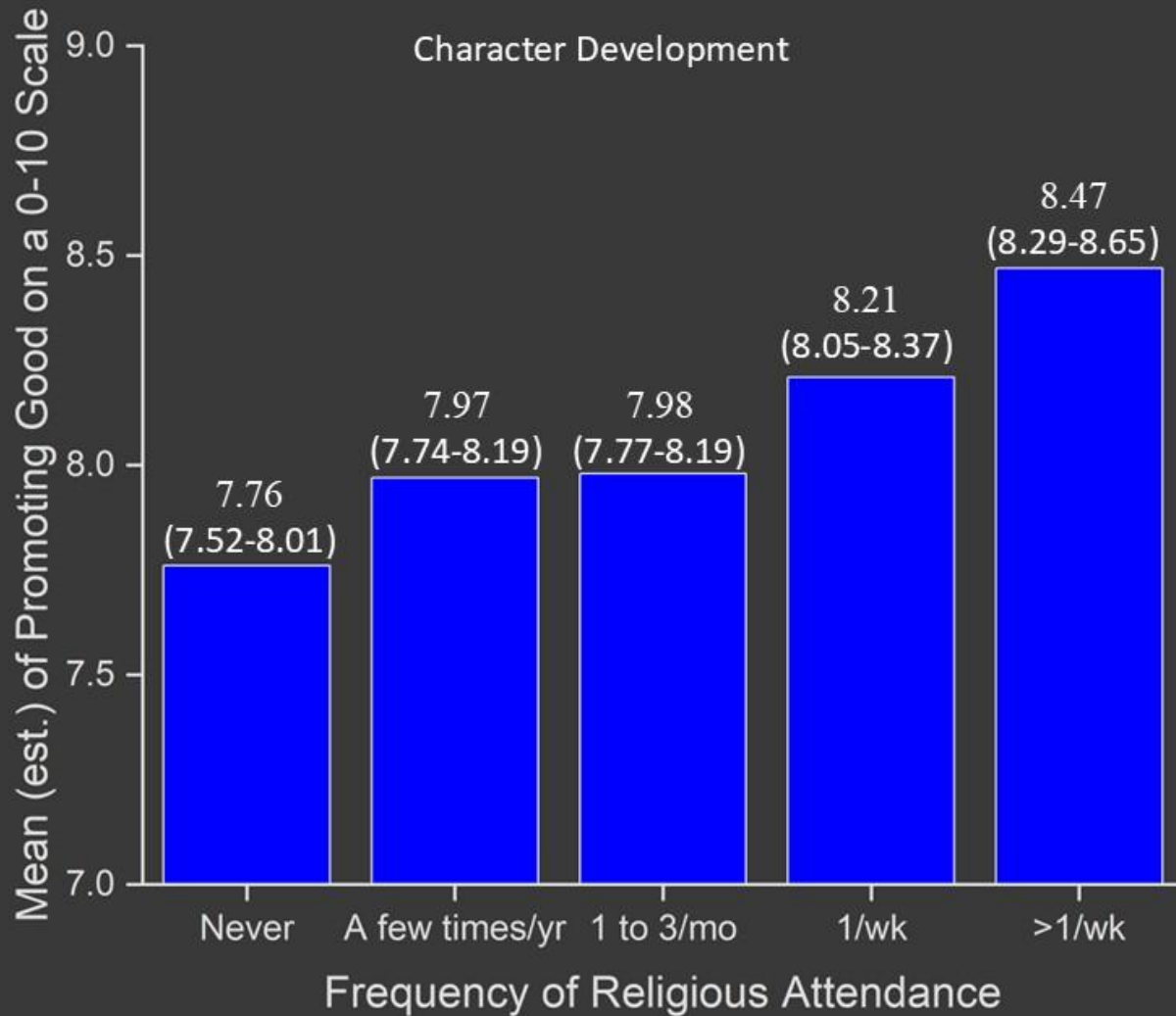


N=202,898 from 22 countries

Random effects meta-analysis of country-specific risk ratios (RR) from modified Poisson regression was used to analyze the association, controlling for relationship with mother, relationship with father, parent marital status, financial status of family growing up, history of abuse, outsider growing up, self-rated health growing up, immigration status, year of birth, and gender (global  $p < 0.001$ , within Bonferroni correction  $p < 0.004$ )

Nakamura et al. (2025). Childhood predictors of charitable giving and helping across 22 countries in the Global Flourishing Study. *Scientific Reports*, 15(1), 14493 (<https://doi.org/10.1038/s41598-024-77950-1>)

# Religious Attendance and **Character** in Adulthood

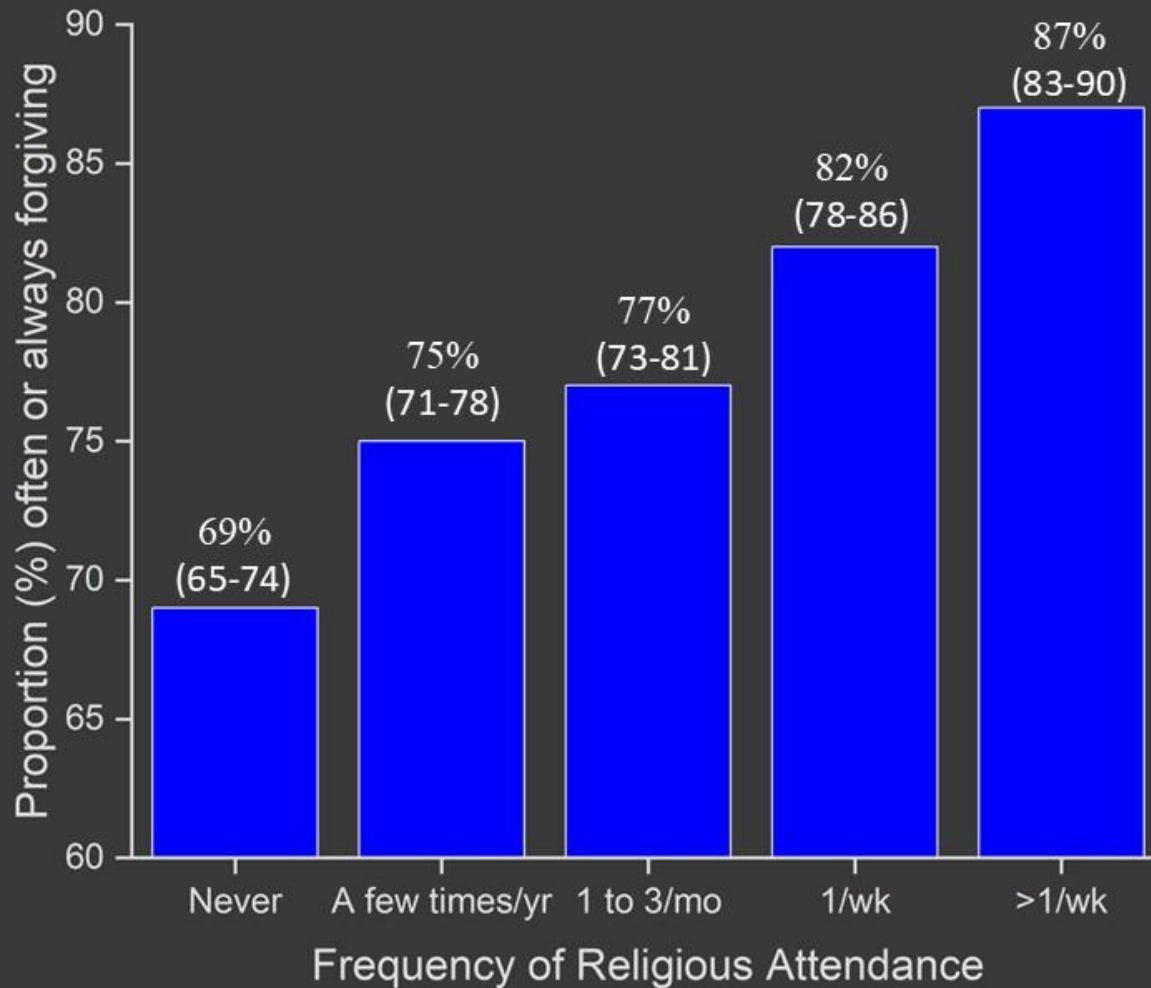


N=202,898 from 22 countries

Random effects meta-analysis of country-specific means was used to analyze the association (global  $p < 0.001$ , within Bonferroni correction  $p < 0.007$ )

Chen et al. (2025). Variations in character involving an orientation to promote good across sociodemographic groups in 22 countries. *Scientific Reports (Nature)*, 15(1), 14552. (<https://doi.org/10.1038/s41598-024-83539-5>)

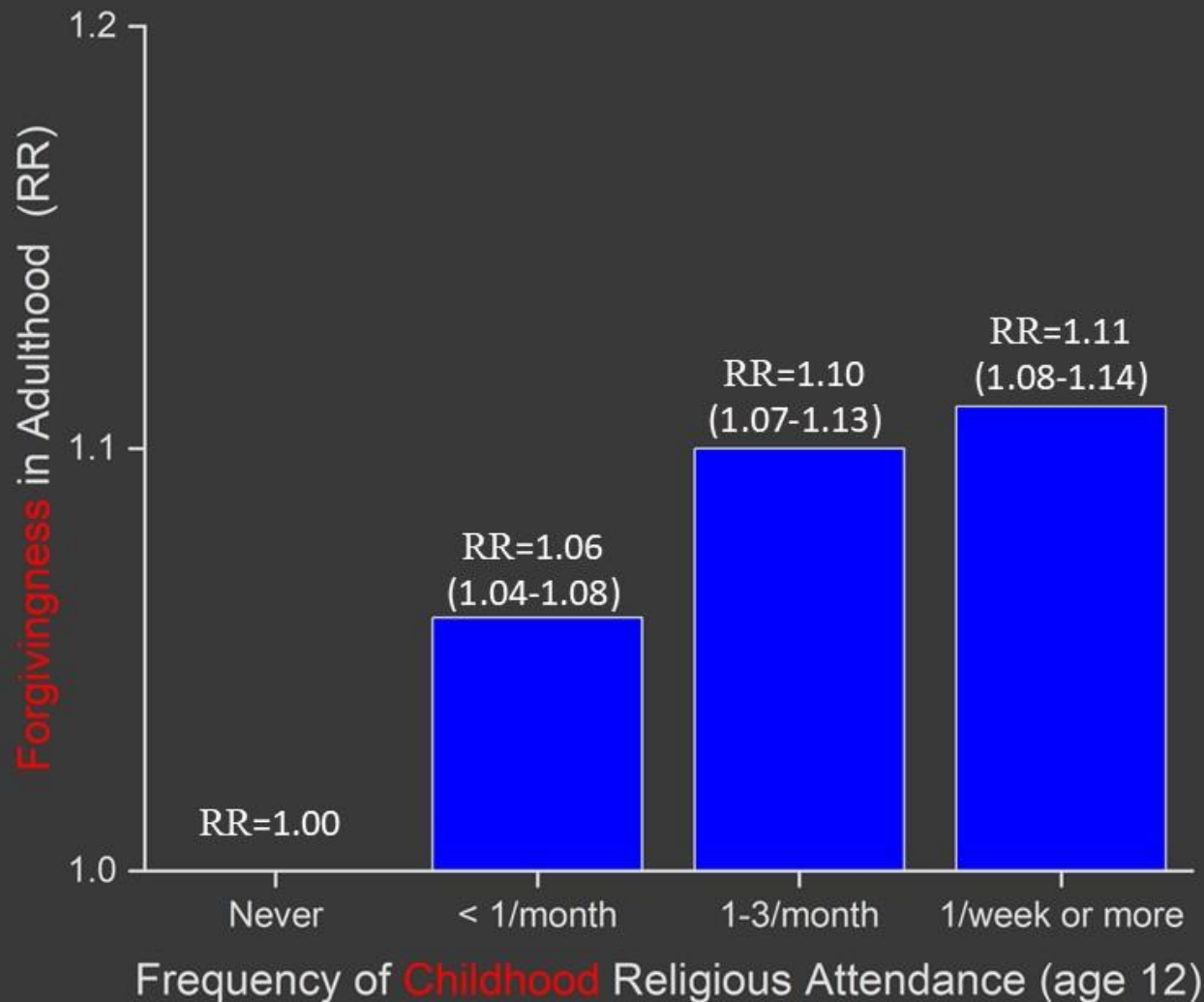




N=202,898 from 22 countries

Random effects meta-analyses of country-specific proportions (%) was used to analyze the association (global  $p < 0.0001$ , well within Bonferroni correction  $p < 0.007$ )

Cowden et al. (2025). Sociodemographic variation in dispositional forgivingness: A cross-national analysis with 22 countries. *Scientific Reports (Nature)*, 15(1), 12144 (<https://doi.org/10.1038/s41598-024-82502-8>)



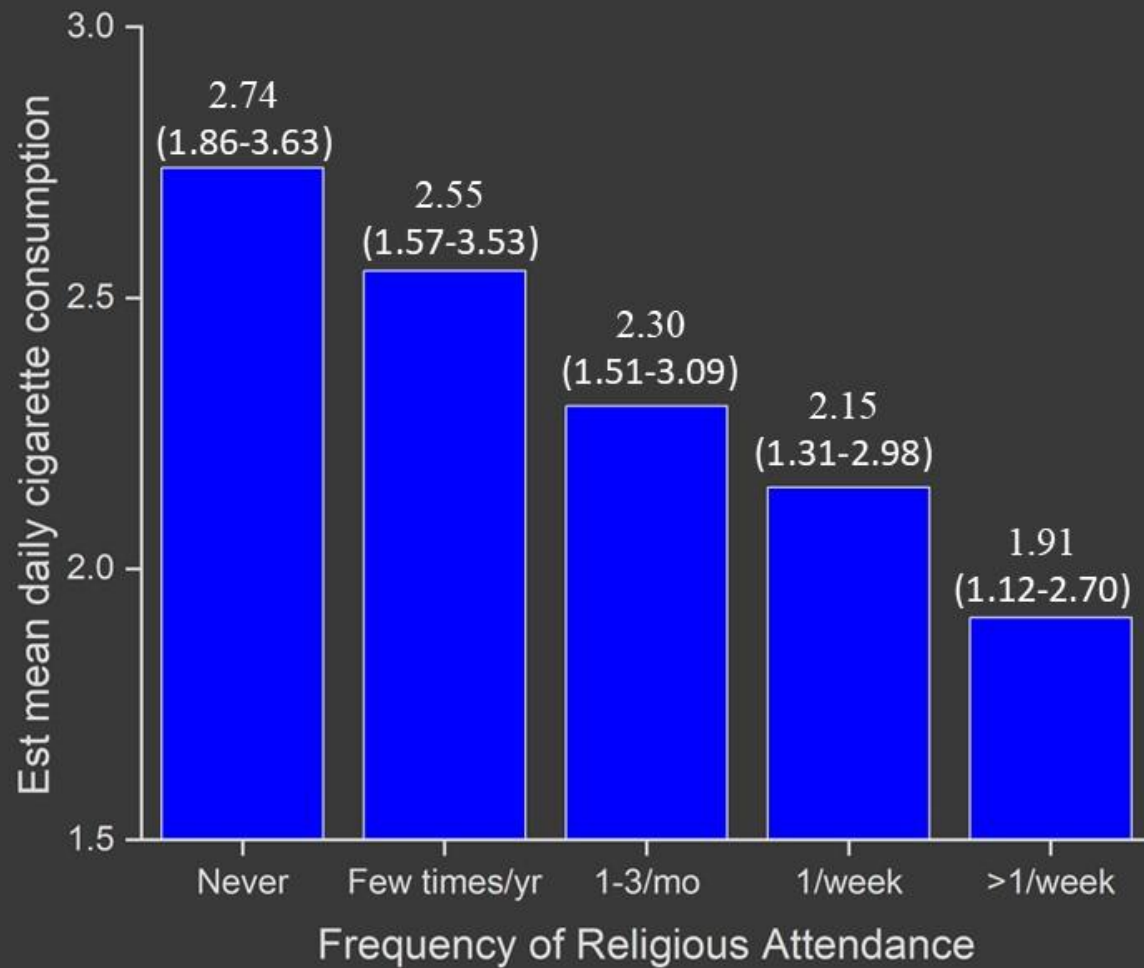
N=202,898 from 22 countries

Random effects meta-analysis of country-specific risk ratios (RR) from modified Poisson regression was used to analyze the association, controlling for relationship with mother, relationship with father, parent marital status, financial status of family growing up, history of abuse, outsider growing up, self-rated health growing up, immigration status, year of birth, and gender (global  $p < 0.001$ , within Bonferroni correction  $p < 0.004$ )

Cowden et al. (2025). Childhood predictors of dispositional forgiveness in adulthood: a cross-national analysis with 22 countries. *Applied Research and Quality of Life*, EPUB ahead of press (<https://doi.org/10.1007/s11482-025-10451-z>)



# Religious Attendance and **Health Behaviors** in Adulthood

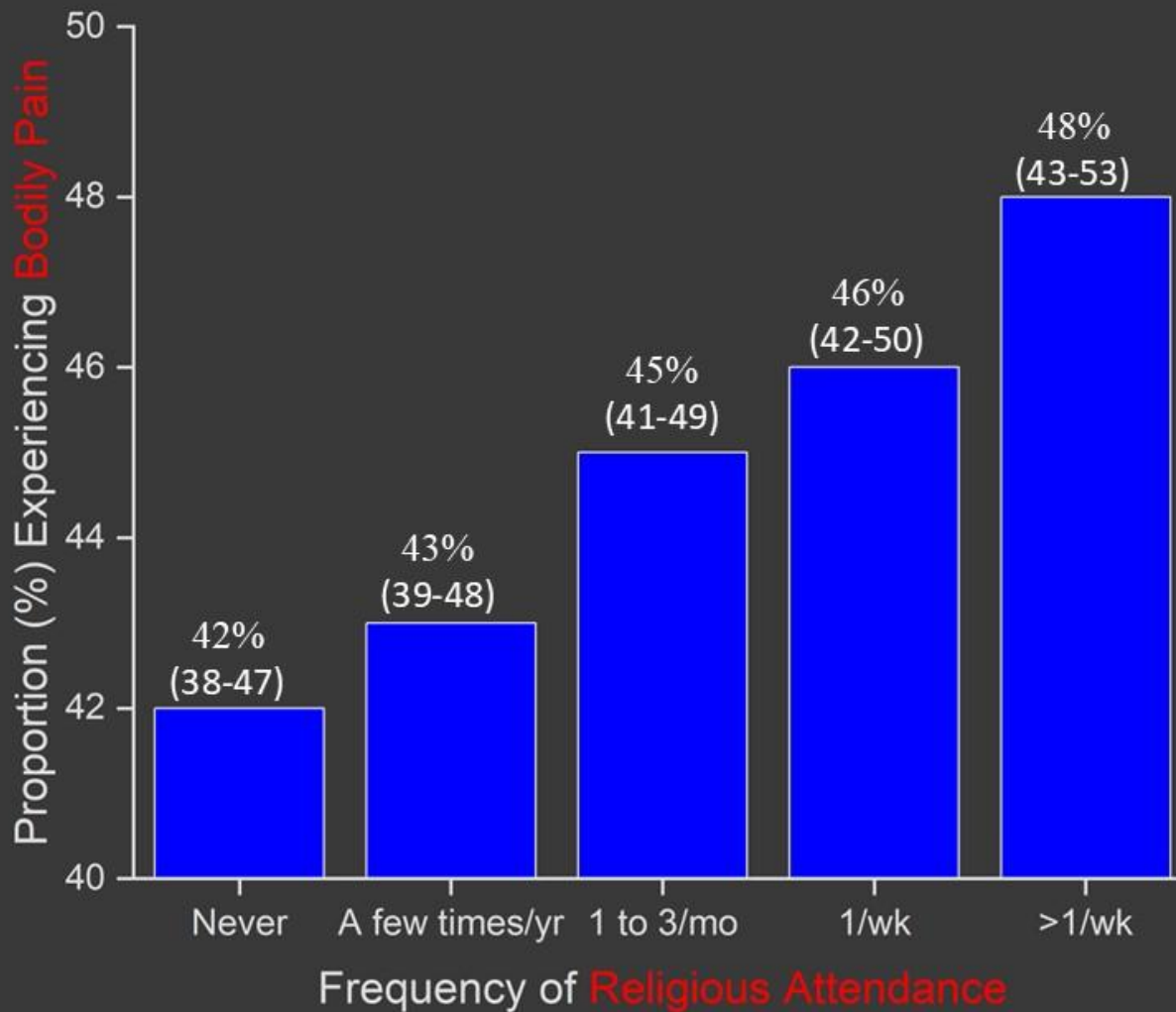


N=202,898 from 22 countries

Random effects meta-analysis of country-specific average daily cigarette consumption per capita across 22 countries was used to analyze the association (global  $p < 0.001$ , within Bonferroni correction  $p < 0.007$ )

Jang et al. (2025). A cross-national analysis of demographic variation in daily smoking across 22 countries. *Scientific Reports (Nature)*, 15(1), 14324 (<https://doi.org/10.1038/s41598-024-76318-9>)

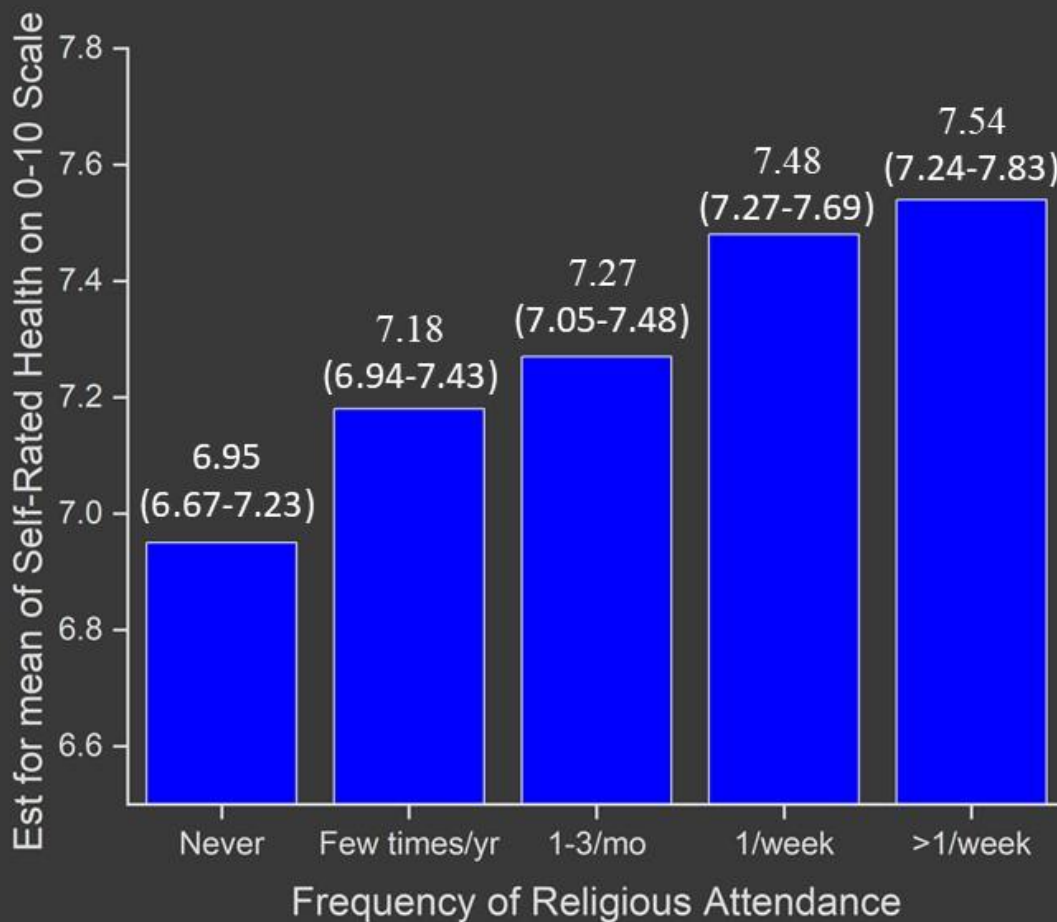
# Religious Attendance and **Physical Health** in Adulthood



N=202,898 from 22 countries

Random effects meta-analyses of country-specific proportions (%) was used to analyze the association (global  $p < 0.0001$ , within Bonferroni correction  $p < 0.007$ )

Macchia, L., Okafor, C. N., Breedlove, T., Shiba, K., Piper, A., Johnson, B., & VanderWeele, T. J. (2025). Demographic variation in pain across 22 countries. *Communications Medicine*, 5(1), 154 (<https://doi.org/10.1038/s43856-025-00858-y>)

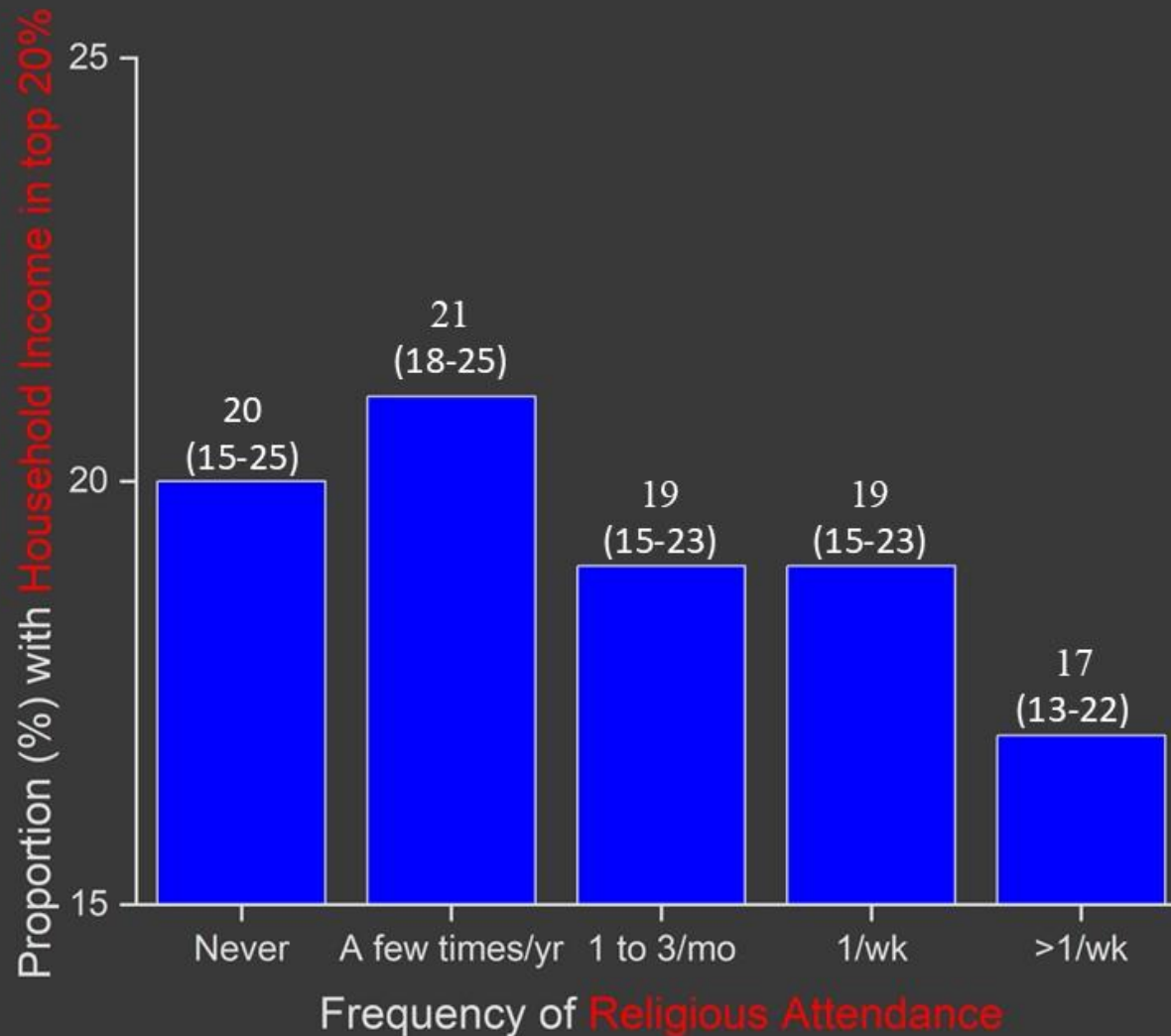


N=202,898 from 22 countries

Random effects meta-analysis of country-specific means was used to analyze the association (global  $p < 0.001$ , within Bonferroni correction  $p < 0.007$ )

Bradshaw et al. (2025). Demographic variation in self-rated physical health across 22 countries: findings from the Global Flourishing Study. *BMC Global and Public Health*, 3(1), 38 (<https://doi.org/10.1186/s44263-025-00141-1>)

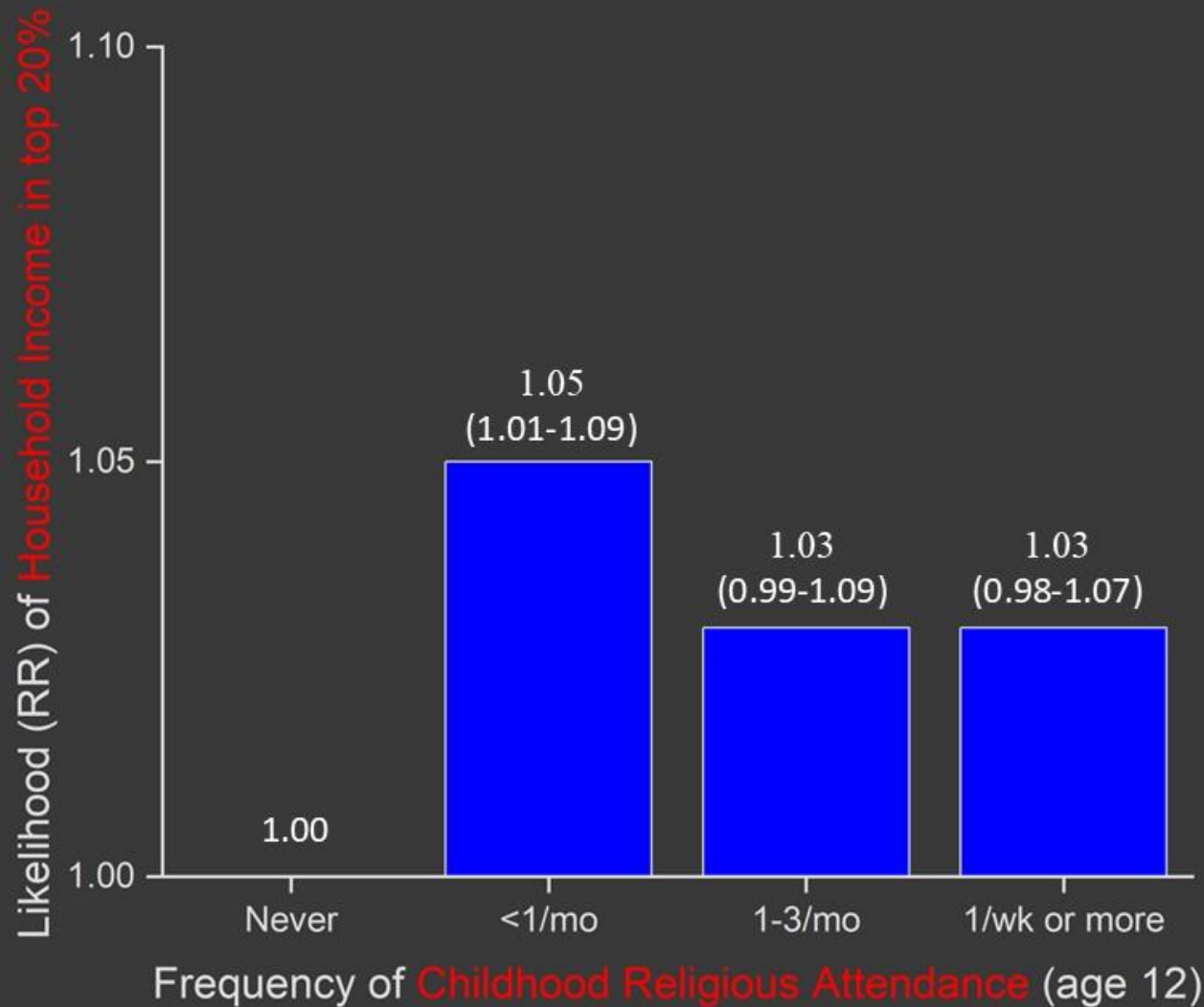
# Religious Attendance and **Financial Well-Being** in Adulthood



N=202,898 from 22 countries

Random effects meta-analysis of country-specific proportions was used to analyze the association (global  $p < 0.001$ , within Bonferroni correction  $p < 0.007$ )

Bialowolski et al. (2025). Analysis of demographic variation and childhood correlates of financial well-being across 22 countries. *Nature Human Behavior*, EPUB ahead of press (<https://doi.org/10.1038/s41562-025-02207-4>)

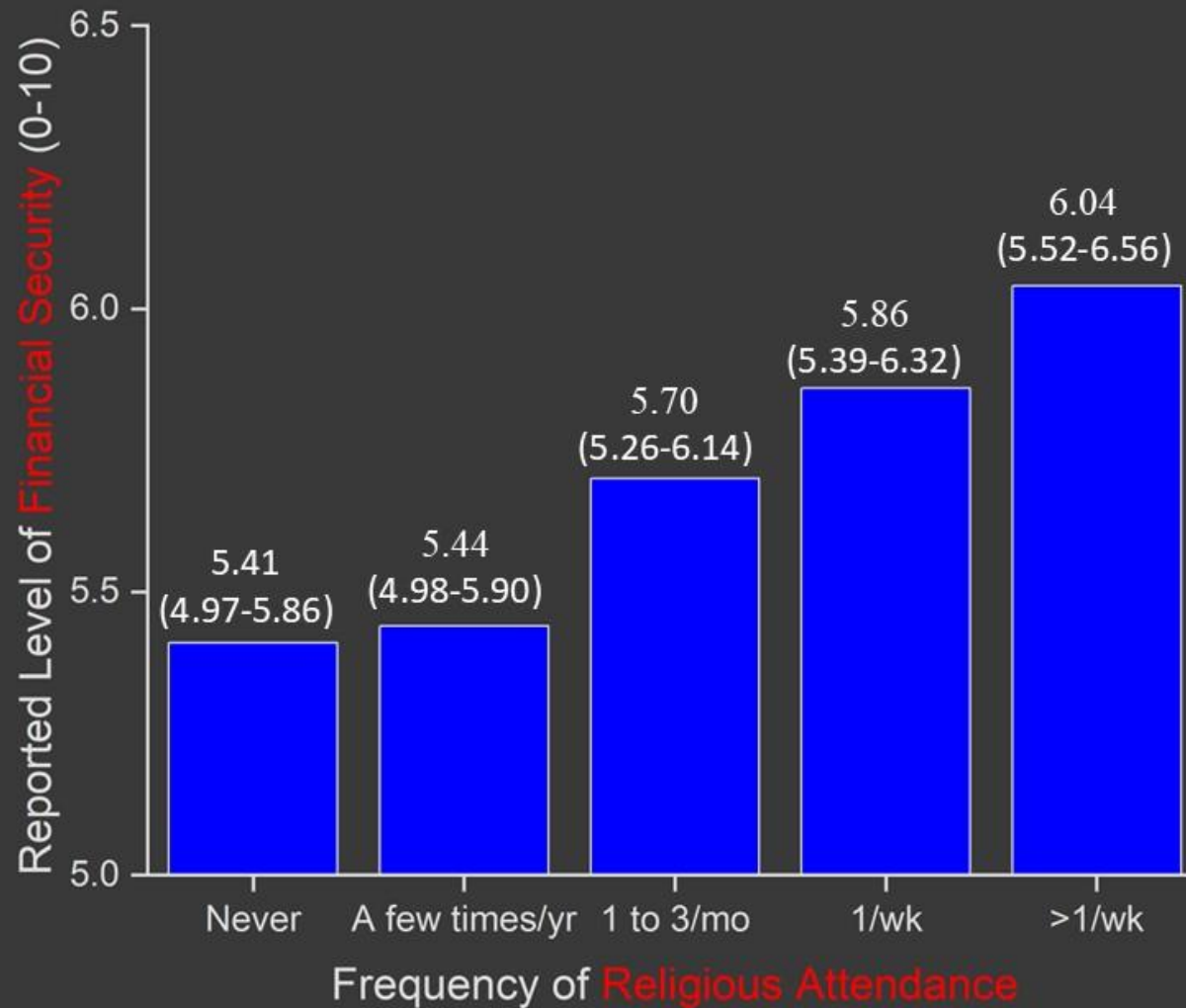


N=202,898 from 22 countries

Random effects meta-analysis of country-specific risk ratios (RR) from modified Poisson regression was used to analyze the association, controlling for relationship with mother, relationship with father, parent marital status, financial status of family growing up, history of abuse, outsider growing up, self-rated health growing up, immigration status, year of birth, and gender (global  $p=0.238$ ), with Bonferroni correction for significance  $p<0.004$

Bialowolski et al. (2025). Analysis of demographic variation and childhood correlates of financial well-being across 22 countries. *Nature Human Behavior*, EPUB ahead of press (<https://doi.org/10.1038/s41562-025-02207-4>)

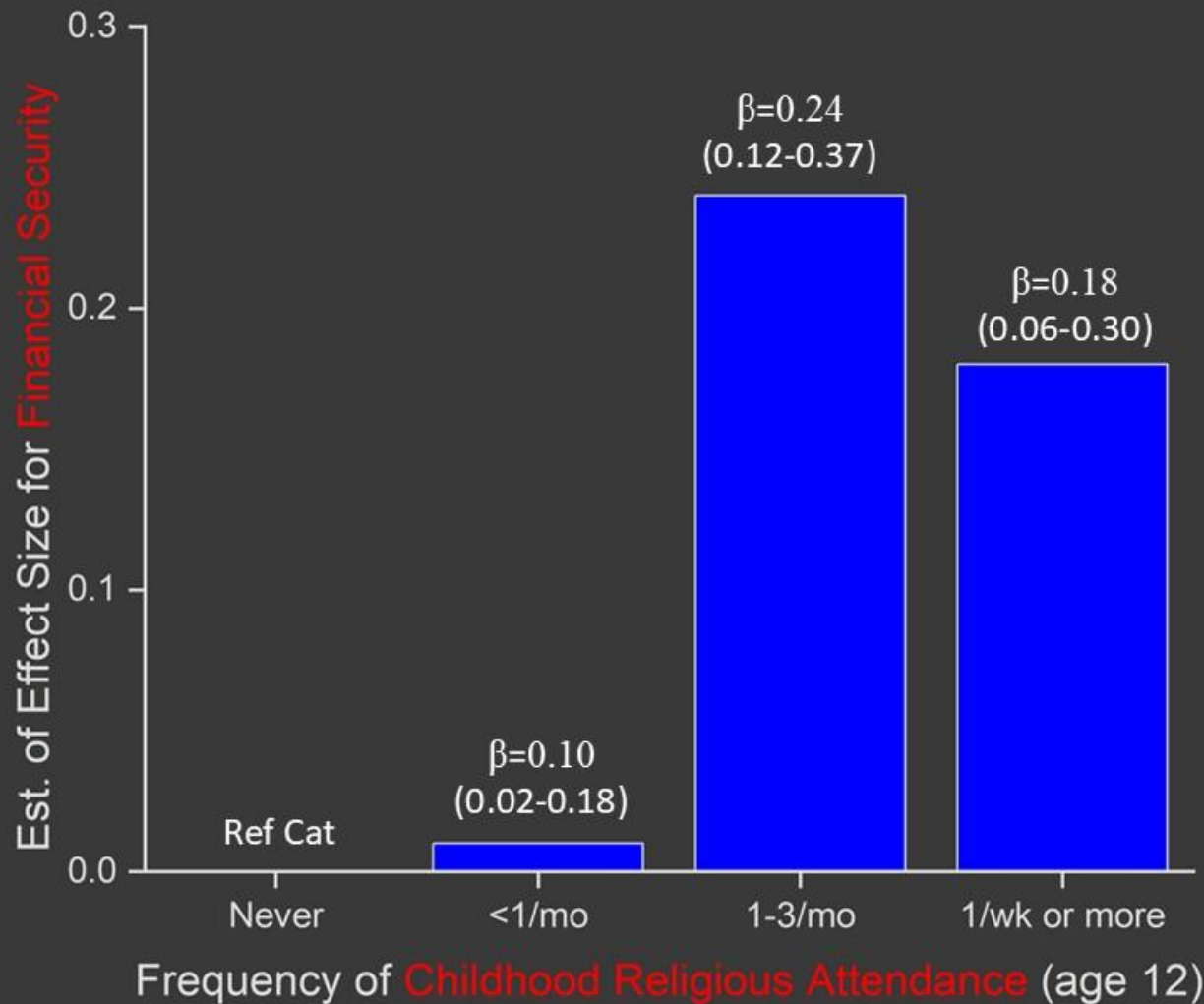




N=202,898 from 22 countries

Random effects meta-analysis of country-specific means was used to analyze the association (global  $p < 0.001$ , within Bonferroni correction  $p < 0.007$ )

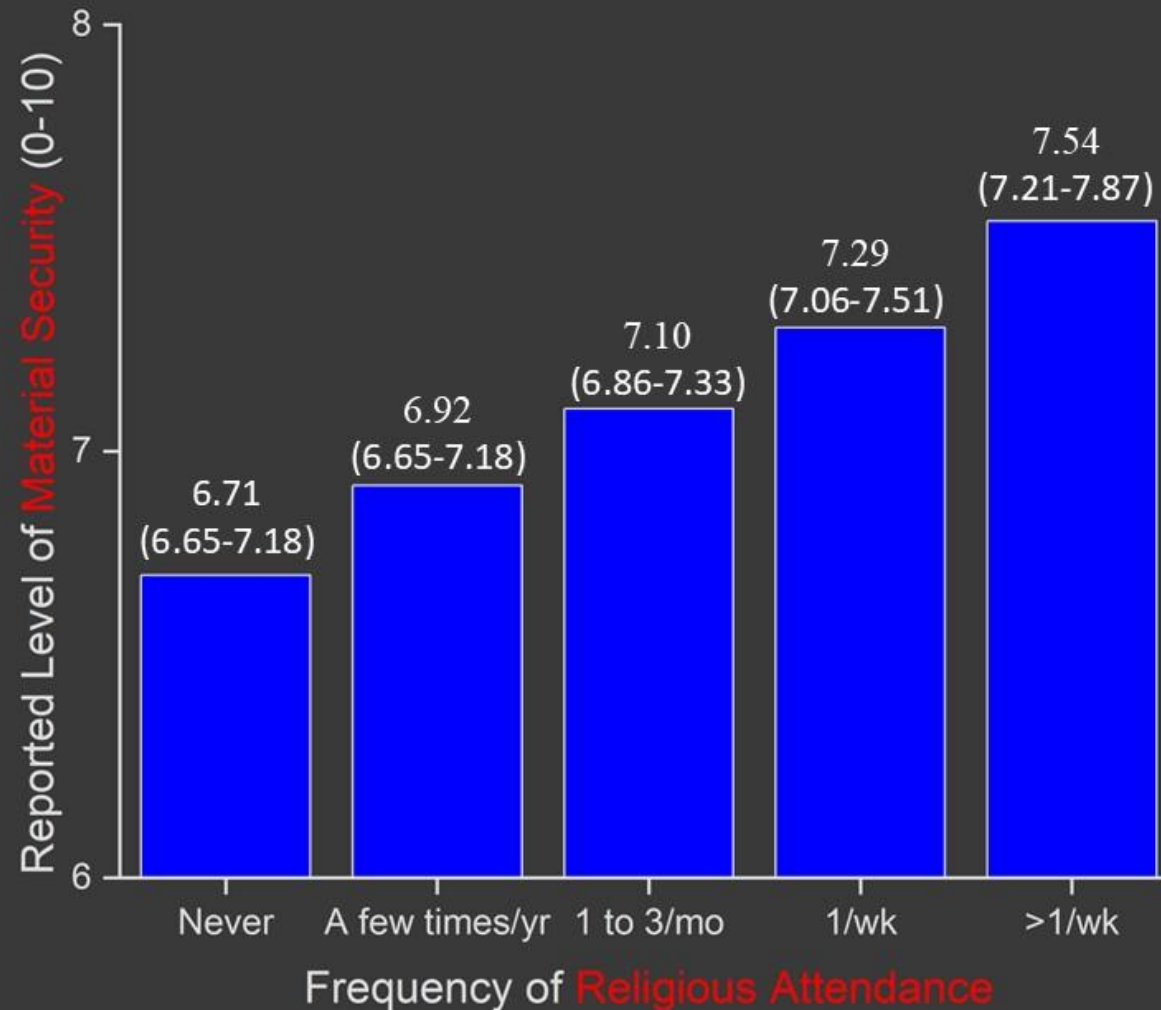
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N=202,898 from 22 countries

Random effects meta-analysis of country-specific regression for estimate of effect size was used to analyze the association, controlling for relationship with mother, relationship with father, parent marital status, financial status of family growing up, history of abuse, outsider growing up, self-rated health growing up, immigration status, year of birth, and gender (global  $p < 0.001$ ), with Bonferroni correction for significance  $p < 0.004$

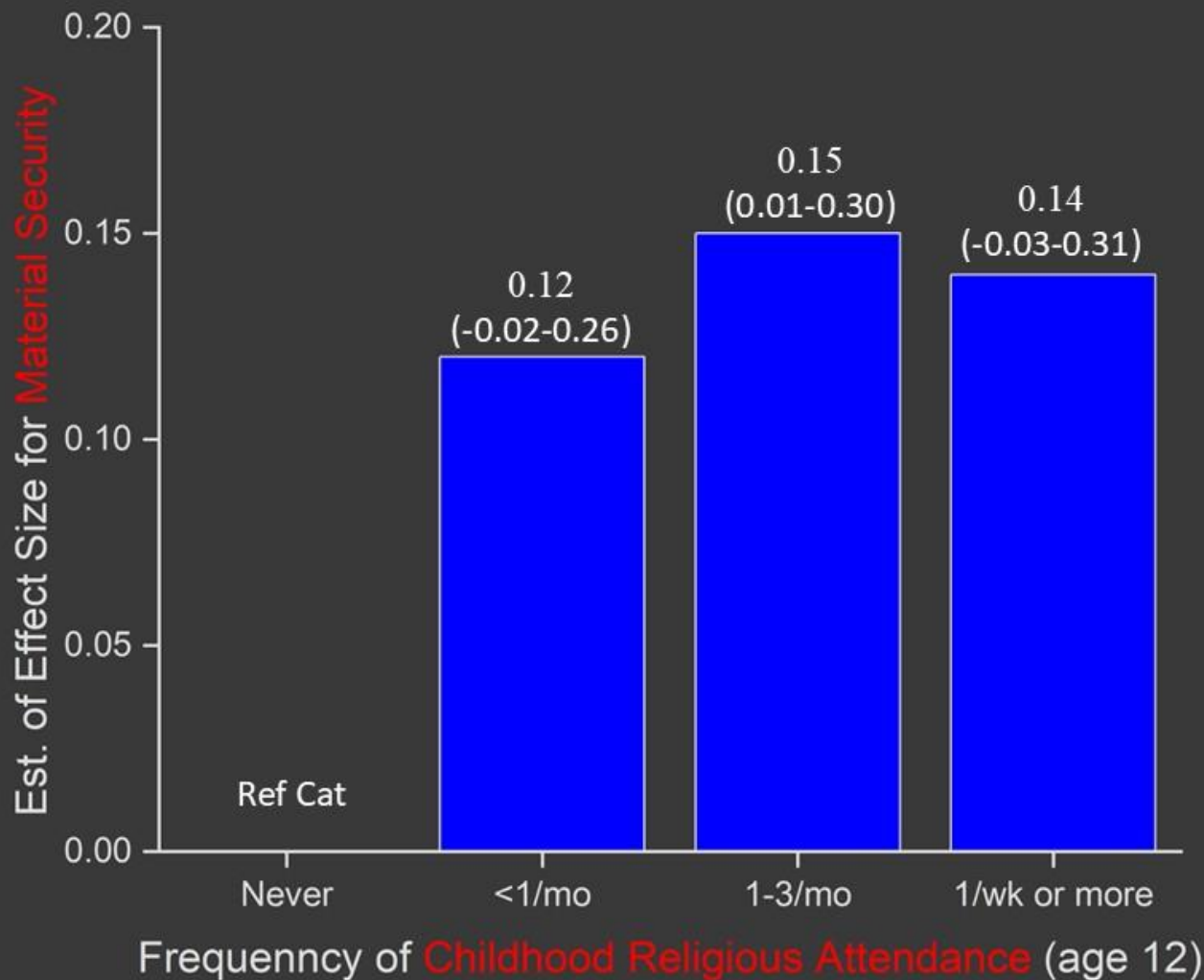
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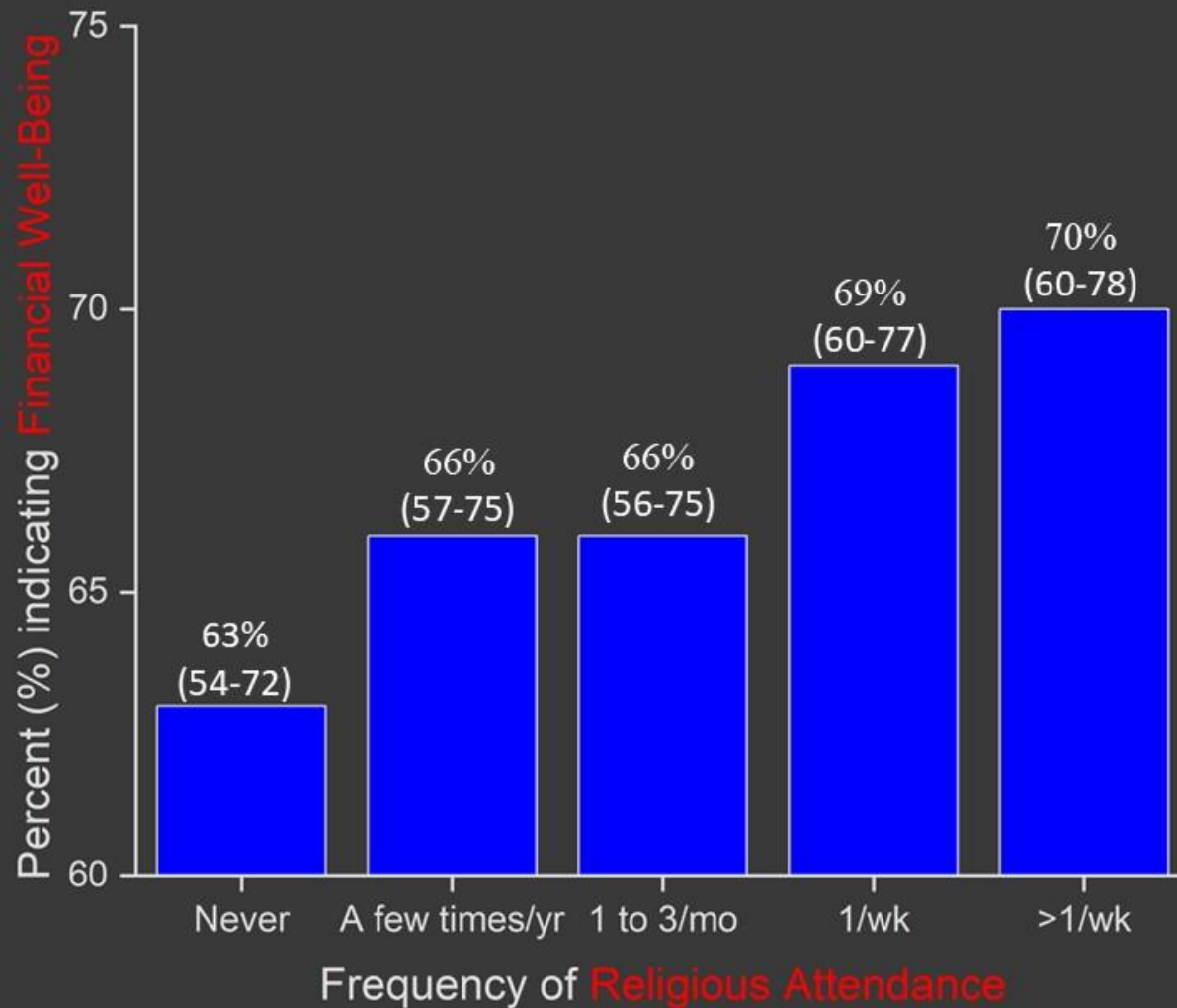
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N=202,898 from 22 countries

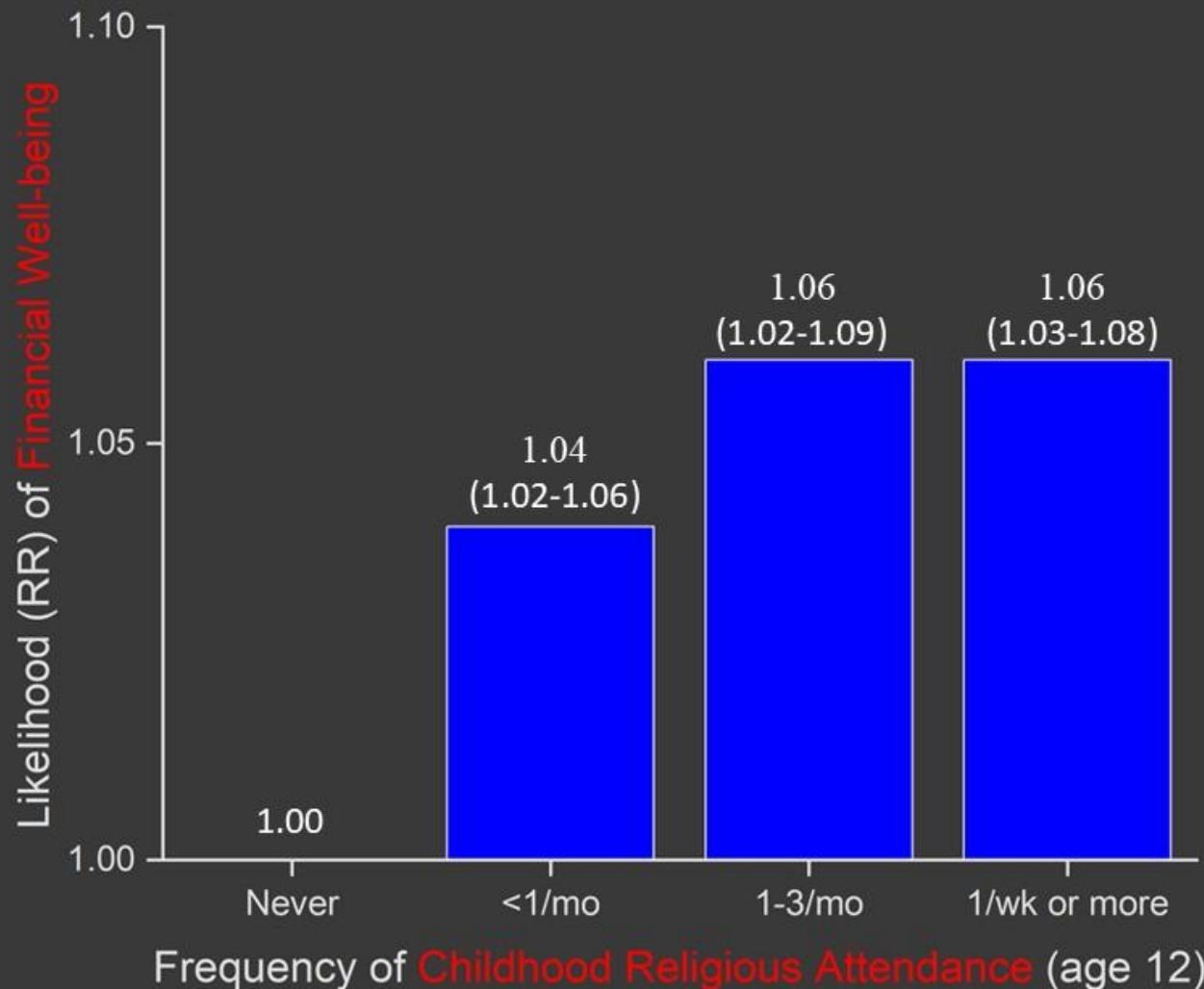
Random effects meta-analysis of country-specific proportions (%) was used to analyze the association (global  $p < 0.001$ , within Bonferroni correction  $p < 0.007$ )

Bialowolski et al. (2025). Analysis of demographic variation and childhood correlates of financial well-being across 22 countries. *Nature Human Behavior*, EPUB ahead of press (<https://doi.org/10.1038/s41562-025-02207-4>)



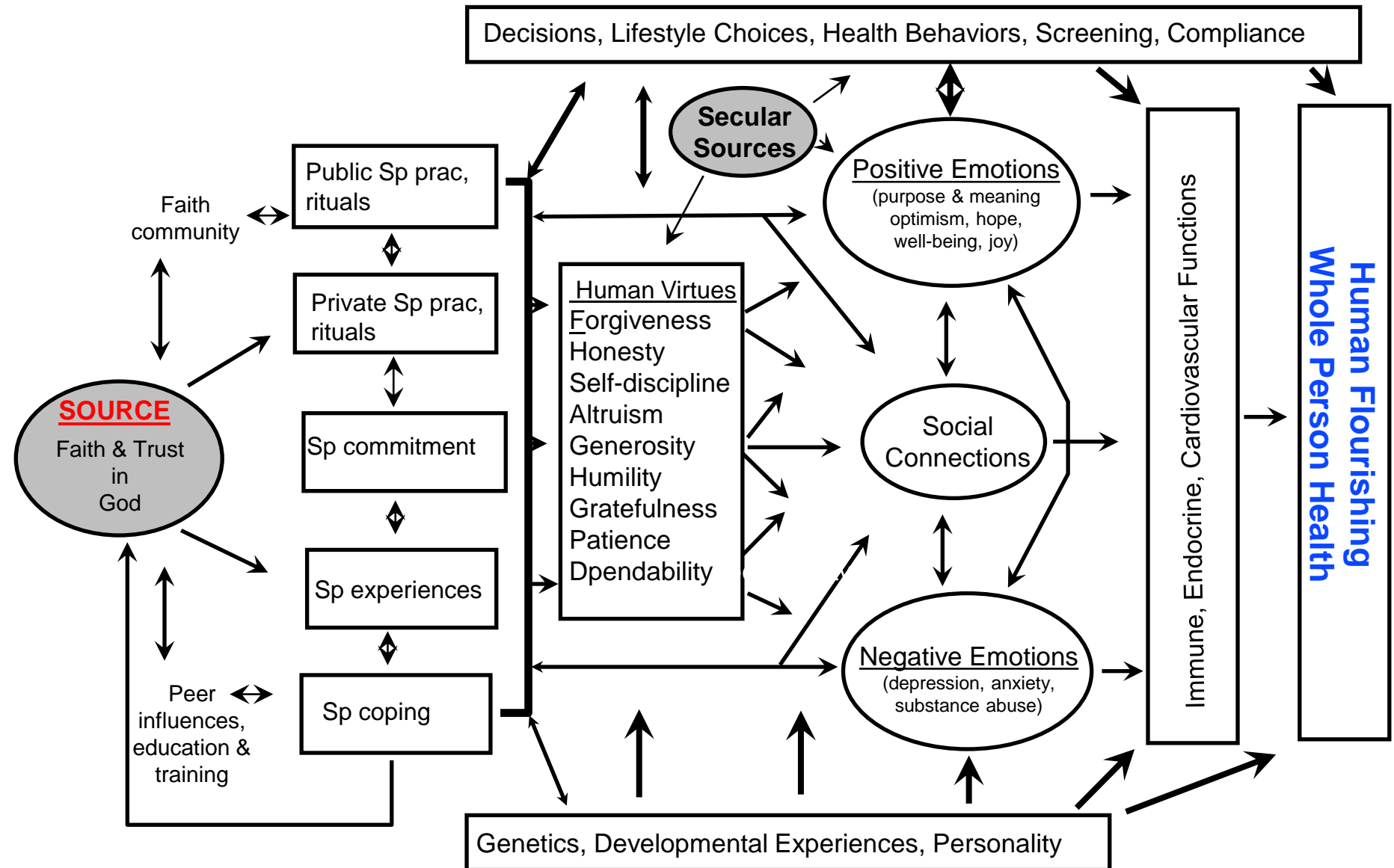
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# Pathways to human flourishing



# Conclusions

1. Based on the best available scientific evidence, those who are more religious simply live healthier, happier, and longer lives
2. Religious involvement (RI) is related to better mental, social, and behavioral health, and improves these aspects of health over time, and there are physical health benefits as well
3. There are important clinical applications and public health implications from this research



# Further Resources

# Monthly FREE e-Newsletter

## CROSSROADS...

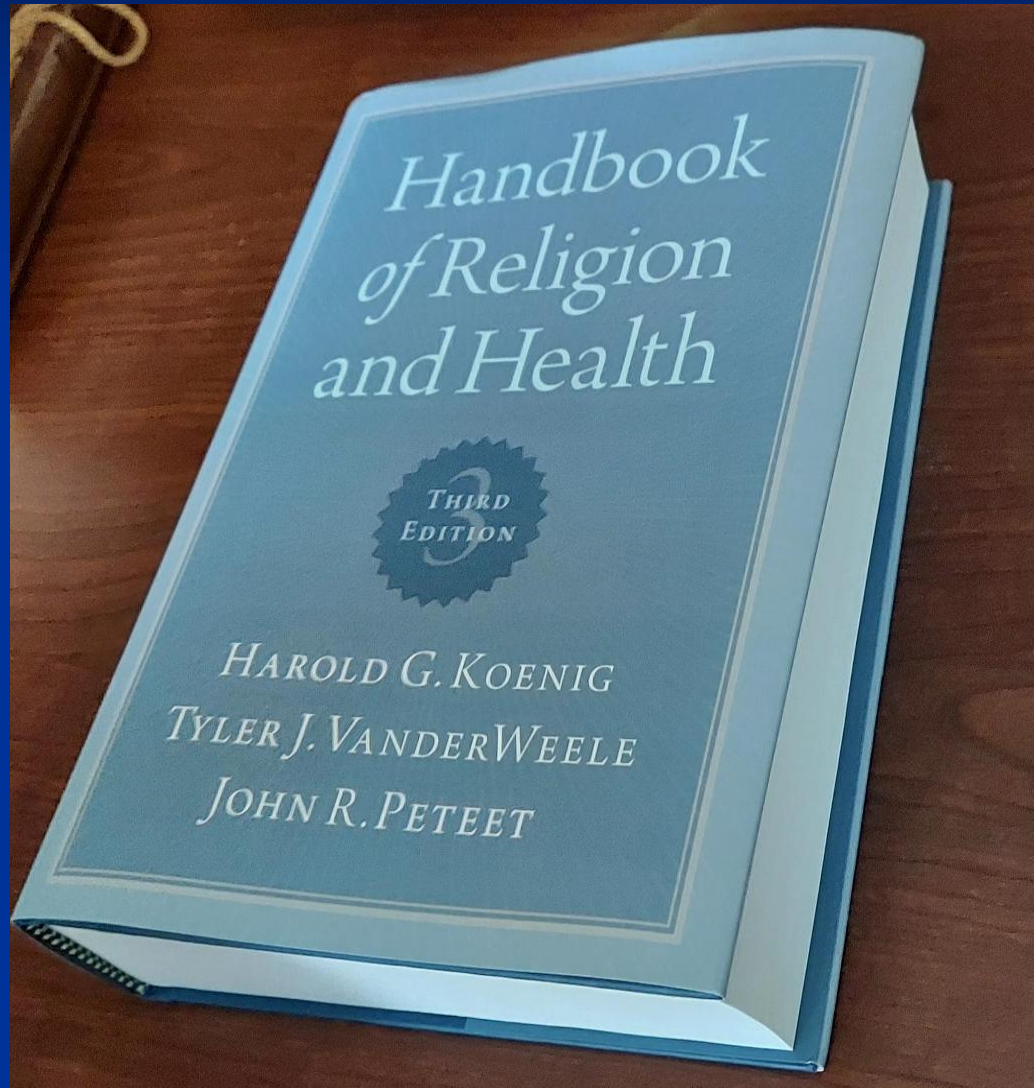
### Exploring Research on Religion, Spirituality & Health

- Summarizes latest research
- Latest news
- Resources
- Events (lectures and conferences)
- Funding opportunities

To sign up, go to website: <http://www.spiritualityandhealth.duke.edu/>

# *Handbook of Religion and Health, 3<sup>rd</sup> ed.*

(Oxford University Press, 2024, 1086 pages)



<https://www.amazon.com/Handbook-Religion-Health-Harold-Koenig/dp/0190088850/> (\$199.00)

The 1<sup>st</sup> and 2<sup>nd</sup> editions were the most cited of any article or book worldwide on religion and health

# Spiritual Readiness Series

**Spiritual Readiness: A Survival Guide for the Christian Believer in an Age of Disbelief**  
(Amazon Kindle, 2023, at <https://www.amazon.com/Spiritual-Readiness-Survival-Christian-Disbelief/dp/B0CP42X91N/>)

**Spiritual Readiness: A Survival Guide for LGBTQ Christian Believers**  
(Amazon Kindle, 2024, at <https://www.amazon.com/dp/B0CZ3S6SZ1/>)

**Spiritual Readiness: A Survival Guide for the Jewish Believer in an Age of Disbelief**  
(Amazon Kindle, 2024, <https://www.amazon.com/Spiritual-Readiness-survival-believer-disbelief/dp/B0CRQG7Y8K/>)

**Spiritual Readiness: A Survival Guide for the Muslim Believer in an Age of Disbelief**  
(Amazon Kindle, 2024, <https://www.amazon.com/Spiritual-Readiness-Survival-Believer-Disbelief/dp/B0CR6TM4W3/>)

**Spiritual Readiness: A Survival Guide for the Hindu Believer in an Age of Disbelief**  
(Amazon Kindle, 2024, <https://www.amazon.com/dp/B0CVQ59D4N/>)

**Spiritual Readiness: A Survival Guide for the Buddhist Believer in an Age of Disbelief**  
(Amazon Kindle, 2024, <https://www.amazon.com/dp/B0CXHZ1DF7/>)

**Spiritual Readiness: A Survival Guide for the Non-Believer**  
(Amazon Kindle, 2024, <https://www.amazon.com/Spiritual-Readiness-Survival-Guide-Non-Believer/dp/B0CTC27JNF/>)

(\$7-\$9)

## Welcome

The Center was founded in 1998, and is focused on conducting research, training others to conduct research, and promoting scholarly field-building activities related to religion, spirituality, and health. The Center serves as a clearinghouse for information on this topic, and seeks to support and encourage dialogue between researchers, clinicians, theologians, clergy, and others interested in the intersection.



## Our Mission

- Conduct research on religion, spirituality and health
- Train those wishing to do research on this topic
- Interpret the research for clinical and societal applications
- Explore the meaning of the research for pastors and theologians
- Discuss how theological input can advance the research



[Support the Center](#)

## Upcoming Events

19th Annual 5-day Spirituality and Health Research Workshop (August 14-18, 2023)

NEW full scholarships to attend above workshop (for those in developing countries)

20th Annual David B. Larson Lecture at Duke

Monthly Research Seminars

## Recent News

Spiritual Readiness: Essentials for Military Leaders and Chaplains (new)

Religion and Mental Health Review

Resources on Moral Injury

Special Issue on Moral Injury in *Frontiers in Psychiatry*

2017 Mental Health and Religion Book Series

Health and Well-being in Islamic Societies

Latest Research on Spirituality and Health at



# Summer Research Workshop

August 11-15, 2025

Durham, North Carolina

5-day intensive research workshop focus on what we know about the relationship between spirituality and health, clinical applications, how to conduct research, and how to develop an academic career in this area. Faculty includes leading spirituality-health researchers at Duke, Yale University, Emory, and elsewhere. For information on how to register, contact [Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu) or go to <https://spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course/>.

- Strengths and weaknesses of previous research
- Theological considerations and concerns
- Highest priority studies for future research
- Strengths and weaknesses of measures of religion/spirituality
- Designing different types of research projects
- Primer on statistical analysis of religious/spiritual variables
- Carrying out and managing a research project
- Writing a grant to NIH or private foundations
- Where to obtain funding for research in this area
- Writing a research paper for publication; getting it published
- Presenting research to professional and public audiences; working with the media

**Partial tuition Scholarships are available**

**Full scholarships available to graduate students in underdeveloped countries**

# Integrating Spirituality into Patient Care Workshop

August 16, 2025, **in-person**

Single day intensive research workshop designed specifically healthcare professionals (physicians, nurses, social workers, rehabilitation therapists, etc.), chaplains (healthcare and military), community clergy, mental health professionals (counselors, psychologists, pastoral counselors), students (high school, undergraduate, graduate, etc.), and anyone else interested in the role that faith plays in health and well-being. Designed to comprehensively deal with why, how, and when to integrate spirituality into the care of patients and other work settings. We will be holding this 8-hour workshop on **Saturday, August 16, 2025**. For information on how to register, contact [Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu)

## SCHEDULE

8:45-9:30	Introduction and sources of information
9:30-10:00	Why address spiritual issues - clinical rationale
10:00-10:30	Why address spiritual issues - research rationale
11:00-11:30	How to address spiritual issues - the Spiritual History
11:30-12:00	Prayer and other interventions
1:00-1:30	When to address spiritual issues -timing of spiritual interventions
1:30-2:00	What might result - positive outcomes
2:00-2:30	What might result - negative outcomes
3:00-3:30	Role of medical physicians
3:30-4:00	Role of nurses, chaplains, social workers, Spiritual Care Team
4:00-4:30	The role of mental health professionals and clergy
4:30-5:00	Integrating spirituality into all work settings (health and non-health)
5:00-5:15	Q & A

# Moral Injury Workshop

October 11, 2025, **online by Zoom**

Single day intensive workshop designed specifically for mental health professionals (psychiatrists, psychologists, counselors, pastoral counselors), healthcare professionals (physicians, nurses, social workers, rehabilitation therapists, etc.), chaplains (healthcare and military), community clergy, students (undergraduate, graduate, etc.), and others interested in the topic of MORAL INJURY (MI). MI is emotional distress and dysfunction experienced from transgressing moral values, ranging from moral dilemma to MI disorder. This 8-hour online workshop via Zoom is being held on **Saturday, October 11, 2025**. For information on how to register, contact [Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu).

## SCHEDULE (New York time, EST)

8:45-9:00	Introduction
9:00-9:30	Definition of Moral Injury
9:30-9:45	PTSD and overlap with MI
9:45-10:00	Identifying MI
10:30-11:00	Prevalence and causes of MI
11:00-11:30	Consequences of MI (vs. comorbidity)
11:30-11:45	Suicide from MI
1:00-1:30	Protective factors
1:30-1:45	Prevention of MI
2:00-2:15	Person-centered treatment of MI
2:15-2:45	Secular treatments for the non-religious
3:15-3:30	Spiritually-integrated cognitive processing therapy (SICPT) for MI
3:30-4:00	Chaplain interventions for MI (Building Spiritual Strengths, PND)
4:00-4:45	Structured chaplain interventions (Christian, Jewish, Muslim, Buddhist, Hindu)
5:15	Adjourn



# Faith, Holiness, & Human Flourishing Workshop

October 18 & October 25, 2025, **ONLINE by Zoom**

This 2-day workshop (8:45A-5:15P each day New York time EST) is designed for mental health professionals (counselors, psychologists, pastoral counselors), chaplains (healthcare, VA, and active-duty military), healthcare professionals (physicians, nurses, social workers, rehabilitation therapists, etc.), community clergy, students of every type (high school, undergraduate, graduate, etc.), and anyone else interested in learning skills and tools for maximizing human flourishing at home, in social relationships, and in work or school settings. This 8-hour online workshop via Zoom is being held on **Saturday, October 18, and Saturday, October 25, 2025**. For more information, contact [Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu).

Introduction and review of schedule

Definitions (faith, holiness, human flourishing)

Sources of information on human flourishing

Review of research on faith/holiness and human flourishing

Overview of 8 programmatic interventions to enhance human flourishing

1. Loving God

2. The 30-day Kindness Challenge

3. Expressing Appreciation

4. The 30-day Gratitude Challenge

5. Building Character Strengths

6. REACH to become more Forgiving

7. PROVE to become more Humble

8. Attention to the Brain, Body, and Happiness

Adjourn

# Integrating Spirituality into Patient Care Workshop

November 8, 2025, **online by Zoom**

Single day intensive research workshop designed specifically healthcare professionals (physicians, nurses, social workers, rehabilitation therapists, etc.), chaplains (healthcare and military), community clergy, mental health professionals (counselors, psychologists, pastoral counselors), students (high school, undergraduate, graduate, etc.), and anyone else interested in the role that faith plays in health and well-being. Designed to comprehensively deal with why, how, and when to integrate spirituality into the care of patients and other work settings. We will be holding this 8-hour workshop on **Saturday, November 8, 2025**. For information on how to register, contact [Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu).

## **SCHEDULE (New York time, EST)**

8:45-9:30	Introduction and sources of information
9:30-10:00	Why address spiritual issues - clinical rationale
10:00-10:30	Why address spiritual issues - research rationale
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4:00-4:30	The role of mental health professionals and clergy
4:30-5:00	Integrating spirituality into all work settings (health and non-health)
5:00-5:15	Q & A

Thank you!