

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

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This newsletter provides updates on research, news and events related to spirituality and health, including educational resources and funding opportunities. Please forward to colleagues or students who might benefit. Our goal is to create a community of researchers, clinicians, clergy, and laypersons interested in spirituality and health and keep them informed and updated. An EVENTS CALENDAR concludes the newsletter and describes spirituality and health related presentations happening at Duke and around the world. This is your newsletter and we depend on you to let us know about research, news, or events in this area.

All e-newsletters are archived on our website. To view previous editions (July 2007 through November 2013) go to: <http://www.spiritualityandhealth.duke.edu/publications/crossroads.html>

LATEST RESEARCH AT DUKE

Genes, Drugs and Religious Involvement

Duke researchers analyzed data from 2,537 young adults ages 18 to 26 participating in Wave III of the National Longitudinal Study of Adolescent Health to determine (1) if a certain polymorphism of the promoter region of the serotonin transporter (5-HTTLPR) was more common in those who were more religious, thus helping to determine a genetic basis for religiosity; and (2) if this polymorphism is less common in those who use illicit drugs, helping to explain the commonly found inverse relationship between religiosity and drug use. *Background:* The alleles that code for the 5-HTTLPR genetic locus SLC6A4 occur in two forms, the long version (L) and the short version (S). People vary in the combination of these two alleles that they have, ranging from LL to LS to SS genotypes. Research has shown that those with the SS or SL genotype don't make as much of the serotonin transporter protein (resulting in fewer transporter sites to move serotonin in and out of brain cells) compared to the LL genotype. Not surprisingly, then, the SS/SL genotype has been linked to greater depression and suicide. Research has shown that those with the SS or SL genotype are at increased risk for depression in the presence of stressful life events, perhaps because these genotypes convey greater emotional sensitivity. *Methods:* In the present study, measures of religiosity included self-rated importance of religion/spirituality (4 questions), frequency of attendance at religious services and religious youth functions, frequency of prayer, and history of a life-changing religious experience. These religious indicators were examined individually and summed to create a religiosity index. Genotype was determined in the usual manner. *Results* indicated that three of four measures of religiosity were inversely associated with illicit drug use (all $p < 0.0001$). The LS or SS genotype was less common in those attending religious services more frequently ($p < 0.05$), those who indicated religion/spirituality was important to them ($p = 0.01$), those praying more often ($p < 0.01$), and those reporting a life-changing religious experience ($p < 0.05$). An interaction with race was present such that the inverse relationship

between religiosity and SL or SS genotype was especially strong in non-whites. Somewhat surprisingly, the LS or SS genotype was also less common in those using illicit drugs (OR=0.82, 95% CI 0.69-0.88). In models predicting illicit drug use that contained both religious variables and SLC6A4 genotype, despite controlling for depression and delinquency status, both religiosity and SLC6A4 genotype significantly predicted drug use. Researchers concluded that greater religiosity and SLC6A4 genotype (LS or SS) independently predict less illicit drug use. Thus, despite being less likely to have the protective LS/SS genotype, those who were more religious were still less likely to use illicit drugs.

Citation: Dew RE, Koenig HG (2014). Religious involvement, the serotonin transporter promoter polymorphism, and drug use in young adults. *International Journal of Social Science Studies* 2 (1), January [E-pub ahead of print] (to download a free copy of this article, go to <http://redfame.com/journal/index.php/ijsss/article/view/235>).

Comment: This is one of the first studies to report a link between a specific gene and religious involvement. However, the findings were not what we expected. Not only was religiosity associated with a lower likelihood of having LS/SS genotype, but those who used illicit drugs were also less likely to have this genotype. As noted above, previous studies have found that the LS/SS genotype of the serotonin transporter actually increased risk of depression and suicide (which are often associated with illicit drug use). The present study, however, found the LS/SS genotype to be less common among those who used illicit drugs (i.e., found it protective). Likewise, we predicted that the LS/SS genotype would be more common among those who were more religious, given the greater emotional sensitivity that the S allele conveys. Again, we found the exact opposite (those who were more religious were more likely to have the LL genotype). Thus, the findings reported here are controversial (as often occurs with gene studies), and need to be replicated in other samples before any definitive conclusions can be drawn.

LATEST RESEARCH OUTSIDE DUKE

Spirituality and Oxytocin Levels in Persons with HIV/AIDS

Oxytocin is a hormone that facilitates reproduction and the care of offspring in mammals. In human relationships, oxytocin has been associated with caring and nurturing types of behaviors, including those that promote maternal care and protect against aggression. Oxytocin release may initiate affiliation behaviors that involve befriending others and enhancing social relationships. Until the present study, little or no research had been done on the relationship between religion or spirituality and blood levels of oxytocin, especially in persons with HIV/AIDS. Participants in this study were 38 people with chronic HIV disease and 41 with HIV who self-identified themselves as spiritual or having had a life-altering spiritual experience (final sample=79). Subjects ranged in age from 25 to 66 years (average 43), 47% were women, 74% were African-American or Hispanic, 51% had some education beyond high school, and 41% were homosexual or bisexual.

EXPLORE...in this issue

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Depression was assessed using the BDI, anxiety by the STAI, optimism by the LOT-R, and general coping with the Brief COPE. Spirituality was measured using the Ironson-Woods Spirituality/Religiousness Index, which has four subscales: sense of peace, faith in God, religious behavior, and compassionate view of others (i.e., two distinctively religious subscales). Spiritual transformation was measured using a single variable (yes vs. no) based on dramatic and profound changes in the participant assessed by study raters across the domains of spirituality, behaviors, attitudes, and self-views. Oxytocin in blood plasma was measured in the usual manner. Uncontrolled analyses revealed that oxytocin levels were positively related to spiritual transformation ($r=+0.26$), faith in God ($r=+0.24$), and religious behaviors ($r=+0.25$), as well as to self-rated spirituality ($r=+0.27$) ($p<0.05$ for all comparisons). Most correlations remained significant after controlling for gender and education level. No relationships were found between oxytocin level and depression, anxiety, general coping, or optimism. Oxytocin levels in those experiencing spiritual transformation were twice as high as in those without a spiritual transformation.

Citation: Kelsch CB, Ironson G, Szeto A, Kremer H, Schneiderman N, Mendez AJ (2013). The relationship of spirituality, benefit finding, and other psychosocial variables to the hormone oxytocin in HIV/AIDS. Research in the Social Scientific Study of Religion 24:137-162

Comment: This is one of the first studies (if not *the* first) to examine the relationship between oxytocin levels and spiritual/religious involvement. The findings are consistent with the notion that spirituality enhances social involvement and nurturing types of behavior. The importance of this study is that it suggests a biological mechanism that could explain how spirituality/religion enhances social connections and altruistic behaviors, which in turn may affect disease prognosis. The biological consequences of higher oxytocin levels include antioxidant and anti-inflammatory influences, as well as a reduction in stress hormone levels and blood pressure, effects that could alter the course of illness in people with HIV/AIDS.

Spirituality, Religion and People Living with HIV/AIDS

This article reviews the complex role that spirituality and religion (S/R) play in the lives of those infected with HIV (people living with HIV [PLWH]). Emphasis is placed on how S/R helps individuals to cope with life stressors, including stigma and discrimination, as well as how it provides meaning and impacts mental and physical health, especially in minority populations. Also reviewed here is the research examining S/R interventions in HIV-positive individuals, and the much larger research base on the role that faith-based organizations play in meeting the needs of PLWH both inside the U.S. and outside (Brazil and Africa). The review concludes that S/R is important to many individuals with HIV/AIDS and influences mental health, quality of life, and disease progression, but also emphasizes the negative influences that S/R can also have through exclusion and marginalization. Explicit directions for future research are also described and will be useful for those doing studies in this area.

Citation: Szaflarski M (2013). Spirituality and religion among HIV-infected individuals. Current HIV/AIDS Reports, September 1 [E-pub ahead of print]

Comment: A succinct review of both qualitative and quantitative research on the topic, covering both the positive and negative influences that religion and religious communities can have on PLWH.

Spirituality and Latino Day Laborers' Life Satisfaction

Little is known about the religiousness/spirituality and quality of life of undocumented Latino day laborers, many of whom are illegal aliens. Researchers from Texas A&M University, however, conducted a study to examine exactly this. They recruited a convenience sample of 143 Latino male immigrants, the majority of whom were from Mexico (66%), Honduras (15%), Guatemala (10%), and El Salvador (7%) (>70% illegal aliens). Mean age was 41, self-reported income averaged \$800/mo, and average education was 6.5 years. Of interest to researchers was the workers' familismo (loyalty, reciprocity, and solidarity toward family), work satisfaction, overall life satisfaction, perceived health, perceived discrimination, and spirituality. Standard measures of each of these concepts were administered. Spirituality was measured using the 6-item Daily Spiritual Experiences (DSE) scale, whereas job satisfaction was assessed using a 2-item scale and overall life satisfaction by the 5-item Diener scale. Familismo was quantified by a 5-item measure, self-rated health by a single question, and discrimination by a 14-item scale. Uncontrolled correlations revealed that spirituality was positively related to familismo ($r=+0.30$), work satisfaction ($r=+0.22$), and overall life satisfaction ($r=+0.30$) (all p 's <0.01). In a regression model containing work satisfaction, health, familismo, spirituality, and discrimination, analyses revealed that spirituality remained significantly and positively related to overall life satisfaction. Furthermore, there was an interaction between spirituality and discrimination, such that those with higher levels of spirituality experienced significantly lower levels of perceived discrimination.

Citation: Ojeda L, Pina-Watson B (2013). Day laborers' life satisfaction: The role of familismo, spirituality, work, health, and discrimination. Cultural Diversity and Ethnic Minority Psychology 19(3):270-278

Comment: This is one of the first studies to examine spirituality and mental health among undocumented Latino immigrant day workers. Spirituality appeared to be strongly linked to family loyalty and solidarity, as well as to both work satisfaction and overall life satisfaction, and appeared to protect immigrants from perceptions of discrimination.

Religion, Spirituality and Forgiveness

This article, authored by some of the top researchers in this field (Everett Worthington, Peter Hill), reports on a meta-analysis of studies examining religion/spirituality (R/S) and forgiveness.. They report that R/S is positively and consistently related to "trait" forgiveness across all relationships and situations ($r=+0.29$), to "state" forgiveness ($r=+0.15$), and to self-forgiveness ($r=+0.12$). Relationship with the sacred (i.e., God) was more strongly related to forgiveness than were other R/S measures. Authors discuss the implications of this review for future research in the field.

Citation: Davis De, Worthington EL, Hook J, Hill PC (2013). Research on religion/spirituality and forgiveness: A meta-analytic review. Psychology of Religion and Spirituality, July 2013 [E-pub ahead of print]

Comment: Although only the abstract was available, the article published in this new American Psychological Association (APA) journal looks like an important resource for those interested in forgiveness research.

Religion, Spirituality and Personality

Researchers conducted three studies to examine the relationship between personality and indicators of religiosity and spirituality. Personality was examined within an interpersonal circumplex framework (IPC). IPC describes social behavior across two dimensions: affiliation and control. Affiliation is measured on a spectrum from warmth to hostility, whereas control is assessed on a range from dominance to submissiveness. These personality

dimensions are assessed using the Revised Interpersonal Adjectives Scale-Big Five (IASR-B4), which creates eight categories: dominant, friendly-dominant, friendly, friendly-submissive, submissive, hostile-submissive, hostile, hostile dominant. The first study reported here involved three samples: 166 undergraduates at the University of Utah (UU) (60% Mormon), 239 UU undergraduates (64% Mormon), and 237 UU undergraduates (59% Mormon). Self-rated religiosity was measured using a single item. In all three samples, religiosity was associated with affiliation, but not with control (independent of Mormon affiliation), causing researchers to conclude that religiosity was associated with a warm interpersonal style. The second study consisted of 165 UU undergraduates (38% Mormon). Spiritual well-being was assessed using the FACIT-Sp-Ex [a measure that is heavily confounded with indicators of mental health]. The Faith dimension of the FACIT [the only distinctively religious subscale] was again associated with a warm interpersonal style, and negatively associated with control. The third study involved 152 adults (mean age 44, not students or Mormon). The FACIT, SPIRES (Assessment of Spirituality and Religious Sentiments Scales), BMMRS (Brief Multidimensional Measure of Religiosity & Spirituality), SCQ (Spiritual Connection Questionnaire), SWBS (Spiritual Well-being Scale), I/E-R (Intrinsic/Extrinsic-Revised Scale), and Spiritual Meaning Scale (SMS) were administered, along with the IASR-B4. All R/S scales were regressed on the IASR-B4 measure of affiliation and control. Intrinsic religiousness was associated with a warm interpersonal style, while spirituality measures were related to a warm but somewhat dominant style. In contrast, extrinsic religiousness and belief in a punishing God were associated with a hostile interpersonal style.

Citation: Jordan KD, Masters KS, Hooker SA, Ruiz JM, Smith TW (2013). An interpersonal approach to religiousness and spirituality: Implications for health and well-being. *Journal of Personality* [E-pub ahead of print,

<http://onlinelibrary.wiley.com/doi/10.1111/jopy.12072/abstract>]

Comment: Research that links personality to religiosity and religious involvement is very important, both in determining the effects of religion on personality and the effects of personality has on religion. No doubt, personality (which is strongly influenced by genetic factors) can influence the extent to which individuals gravitate toward religion, although there is also evidence that religious involvement can also affect personality style and help it to mellow over time (i.e., encourage affiliative behaviors). Of course, negative forms of religiosity may have the opposite effect.

Religion, Bereavement, and Post-Traumatic Growth

Researchers examined relationships between religiosity, daily spiritual experiences, post-traumatic growth (PTG), and psychological distress in 246 bereaved and 123 non-bereaved students participating in undergraduate psychology courses (mean age 21) at a southern research university. Half of bereaved students had experienced a violent loss and the other half a natural loss of a loved one within the past 2 years. The BMMRS assessed daily spiritual experiences, private religious practices, organizational religiousness, religious coping, and religious support. The standard 21-item PTG Inventory (Tedeschi) was also administered, along with the Symptom Checklist-10 that assesses symptoms of psychological distress. Bereaved young adults scored significantly higher on both religiosity/spirituality (R/S) and PTG compared to those who were not bereaved; for PTG, this was especially true for those experiencing a violent loss. Regression models controlling for demographics, bereavement status, and R/S factors, revealed that involvement in religious community activities (organizational religiosity) and religious coping were significantly and positively associated with PTG, whereas daily spiritual experiences and religious support were significantly and negatively related to psychological distress.

Researchers concluded that clinicians working with bereaved persons should "appreciate the central role of religion in many people's lives and consider the importance of specific dimensions that might aid grievers in their attempts to cope and grow amid the possible pain of loss."

Citation: Currier JM, Mallot J, Martinez TE, Sandy C, Neimeyer RA (2013). Bereavement, religion, and posttraumatic growth: A matched control group investigation. *Psychology of Religion and Spirituality* (APA journal) 4(2):69-77

Comment: This research goes beyond simply correlating religiosity and mental health by exploring the role that religious involvement plays in psychological growth following a traumatic interpersonal stressor.

Doctors Addressing Spirituality in Pediatrics and Oncology

Investigators in Seattle (Washington state) examined attitudes and practices of physicians concerning spiritual issues among pediatric and oncology patients/families in this northwestern region of the U.S. (known as the secular peninsula and the opposite of the Bible belt). Approximately 490 physicians at Seattle Children's Hospital and Hutchinson Cancer Research Center were sent surveys, of whom 111 responded (23%). All responders had completed their training, were on average 47 years old, and slightly more than half were male (56%). Over half were pediatricians and about 20% were oncologists. More than half of responders were agnostic, atheist, endorsed no religious affiliation, or said they were spiritual but not religious, whereas 32% were Christian, 10% Jewish, and 13% were affiliated with other religions. Only 1.9% of responders considered themselves very religious. Despite the fact that 84% felt that patient/family religious beliefs or spirituality (R/S) were pertinent to patient care, only 17% reported routinely asking about the religious affiliation or spirituality of new patients, and only 3% said they routinely took a spiritual history with new patients/families. Furthermore, only 52% had ever addressed R/S even during a crisis situation, and nearly one in five (17%) did not even feel that physicians should facilitate referrals to R/S support services. With regard to spiritual interventions, only 7% said that offering to pray with patients/families was appropriate behavior for medical providers. While 57% felt comfortable addressing R/S issues, only 37% said they were adequately trained to inquire about spiritual issues. Interestingly, only 32% said that they did not have time to discuss R/S issues with patients/families.

Citation: King SDW, Dimmers MA, Langer S, Murphy PE (2013). Doctors' attentiveness to the spirituality/religion of their patients in pediatric and oncology settings in the Northwest USA. *Journal of Health Care Chaplaincy* 19:140-164

Comment: Given the 23% response rate, it is likely that only physicians who were really interested in the topic responded to the questionnaire. This means that the findings above are a "best case scenario," and therefore the actual attitudes and practices of physicians more generally in this area are likely to be much worse than reported here.

Implicit Assessment of Spirituality in the Clinical Encounter

David R. Hodge, a religion-health researcher in the social work profession, examines in this paper an alternative approach for assessing patient spirituality. He indicates that this approach may be particularly useful for patients who express discomfort with spiritual language or otherwise have difficulty overtly discussing spiritual issues [about 20-25% of patients]. He discusses an approach to "implicit" spiritual assessment, the kinds of questions that one might ask, and how to integrate this approach with more traditional spiritual assessments that are explicit. Implicit spiritual assessments of patients who are uncomfortable discussing spiritual issues may help to expand the dialogue with patients in a

way that ultimately results in more explicitly addressing spiritual matters, or at least addressing issues with patients that are important for compassionate, whole-person care.

Citation: Hodge DR (2013). Implicit spiritual assessment: An alternative approach for assessing client spirituality. Health & Social Work 58(3):223-230

Comment: Hodge is an experienced and sensible clinician who is sensitive to the need of health professionals to conduct spiritual assessments that are explicit, identifying and then addressing the distinctively spiritual and religious needs of patients. However, he is also aware that some patients may be turned off by spiritual language, but have broader spiritual needs that might be more appropriately categorized as humanistic and need to be identified and addressed by compassionate clinicians.

Spirituality and Ethics in Palliative Care

Daniel Sulmasy, a physician and Franciscan friar with a doctorate in philosophy, who is currently at the University of Chicago, writes a relatively brief but powerful piece about the role of religion and spirituality in the ethics of end-of-life care. He notes that big existential questions arise during this time, especially "Where did I come from? Where am I going? How am I to live?" which involve fundamentally religious or religion-like narratives, yet may also involve "immanent transcendence" without reference to God or other religious language. Here, he reminds clinicians of the spiritual roots of palliative care, the role that physicians' own beliefs play in medical decisions for dying patients, and the connections between religion, spirituality, and ethics in these situations. Sulmasy emphasizes the clinician's need to be aware of his or her own spiritual narratives and ethical values, as well as the spiritual stories and ethical positions of their patients, especially during this critical and sacred time in patients' lives.

Citation: Sulmasy DP (2013). Ethos, mythos, and thanatos: Spirituality and ethics at the end of life. Journal of Pain and Symptoms Management 46(3):447-451

Comment: Sulmasy is one of the few medical ethicists who is not afraid to bring explicitly religious language into the clinical encounter, especially with patients who are facing the end of life. Like Hodge, however, he recognizes the need to address these issues more broadly in patients who are predominantly secular in orientation, while avoiding reference to theistic concepts or religious language.

NEWS

Religion, Brain & Behavior

Routledge Behavioral Science has announced the publication of a new peer-reviewed journal that is aimed at uniting multiple disciplinary perspectives that share a common interest in the evolutionary, cognitive, neurological, and cultural study of religion (inaugural issue was published online in April 2011). The journal (*Religion, Brain & Behavior*) publishes empirical and theoretical studies that exhibit "both rigorous scientific standards and sophisticated appreciation of the academic study of religion." The journal is being published in association with the Institute for the Bio-Cultural Study of Religion (<http://www.ibcsr.org/>). Readers can access the first three volumes of the journal for free (including a special issue on atheism). To register (required), go to http://www.tandfonline.com/token/AT_RRBB_CT_0913/UKMark?re_directUri=/loi/rrbb20.

SPECIAL EVENTS

3rd Annual Conference on Medicine and Religion (Chicago, Illinois) (March 7-9, 2014)

Conference planners – Program on Medicine and Religion -- at the University of Chicago invite participants to submit abstracts for 60-minute panel sessions, 20-minute paper presentations, and poster sessions for next year's meeting titled "Responding to the Limits and Possibilities of the Body" to be held at the Hyatt Chicago. The focus of the conference addresses questions such as: To whom does the body belong? How is one's body related to oneself? What is a normal human body? What, if anything, does the human body tell us about how medicine should respond to bodily suffering and death? What kind of knowledge about human embodiment can science give, vis-à-vis the great religions? These questions are being asked in the context of the traditions and practices of Judaism, Christianity, and Islam. The conference is being co-sponsored by the Institute for Spirituality and Health at Texas Medical Center (Houston). For more information go to: <http://www.MedicineandReligion.com>.

4th European Conference on Religion, Spirituality and Health (ECRSH14)

(Malta, May 22-24, 2014)

The 4th European Conference on Religion, Spirituality and Health will focus on the integration of religion and spirituality into clinical practice. The keynote speakers approach the topic from a broad range of professional backgrounds. Speakers include Professor Dr. Donia Baldacchino (University of Malta, Department of Nursing), Professor Dr. med. Arndt Buessing (University of Witten, Germany, medicine), Professor Rev. Christopher Cook (Durham University, England, theology and psychiatry), Professor Dr. Farr Curlin (University of Chicago, medicine), Professor George Fitchett (Rush University, chaplaincy and public health), Professor Dr. Christina Puchalski (George Washington University), Professor Rev. John Swinton (King's College University, Aberdeen, nursing), and numerous others. Researchers are invited to get together and submit a symposium for presentation of research topics and discussions in spirituality and health. Abstracts for symposia, oral presentations, and poster presentations are due **December 15, 2013** (submit to: <http://ecrsh.eu/abstract>). For more information about the conference -- to be held on the beautiful historic island of Malta off the coast of Italy -- go to: <http://ecrsh.eu/>.

Spirituality and Health Research Workshop (Malta, May 18-21, 2014)

Preceding the ECRSH14 above, come to Malta to participate in a 4-day Pre-Conference Research Workshop. This workshop covers about 75% of the material presented during the Duke Summer Research Workshop below. The workshop is open to all those interested in doing research on religion, spirituality and health (including those of any educational level or degree, specifically theologians, chaplains, physicians, nurses, psychologists, counselors, public health specialists, epidemiologists, or other health professionals). For more information go to: <http://www.ecrsh.eu/dynasite.cfm?dsmid=92326>

Duke Summer Spirituality & Health Research Workshops (Durham, NC) (August 11-15, 2014)

Register early for a spot in our 2014 research workshop on spirituality & health. The workshop is designed for those interested in conducting research in this area or learning more about the research that has already been done. Those with any level of training or exposure to the topic will benefit from this workshop, from laypersons to graduate students to full-time professors at leading academic institutions. Over 650 persons have attended this workshop since 2004. Individual mentorship is being provided to those who need help with their research or

desire career guidance. Partial **tuition scholarships** will be available for those with strong academic potential and serious financial hardships. For more information, see website: <http://www.spiritualityhealthworkshops.org/>.

Globalisation for the Common Good Initiative 12th Annual International Conference (Oxford, UK, August 31-Sept 4, 2014)

This conference is for people from different countries, regions, civilizations, cultures and faiths with deep concern about the persistent multiple crises seen in our communities and around the world. Through drama, play, music, arts, poetry, research, scholarship, presentations, workshops, plenary and keynote sessions, conference organizers hope to find a way to communicate across disciplines, ideas, visions, cultures and ages. The conference will be held at Waterperry House, Oxford University, England. The main theme this year is: "*The Value of Values: Spiritual Wisdom in Everyday Life*", focusing on the following questions: What is the relationship between the inner life of spirit and the outer life of service in the interest of the Common Good? What spiritual values apply in economics, education, business, management and ecology? How can the secular and sacred elements of life be better integrated to advance the common good? How can the wisdom and insight gained through inner exploration be used to better our individual and collective health? Conference details, including how to submit abstracts for presentation, accommodations, registration and fees can be found at: <http://www.gcgi.info/news/476-gcgi-2014-oxford-conference-call-for-presentation-and-participation>

RESOURCES

Methods in Religion, Spirituality and Aging (Routledge, 2013)

Review from Amazon.com: "Since the 1971 White House Conference on Aging in the United States, the need to move from religiosity into new areas such as Spiritual Assessment and Spirituality has emerged. This movement has picked up momentum among scholars, particularly in terms of research in the area of Spirituality. While spirituality as a term is employed in many new studies, this term continues to defy the quest for a single definition and method. This book is divided into three sections. In the first the authors reflect on the philosophical and theological issues presented by these terms from a variety of both cognate and practical methodological approaches. The second section offers insights from the major professions of sociology, psychology, public health, nursing and social work. The final section offers insight and assistance to researchers and authors on specific religious traditions. This book will be important for anyone working to develop such practical tools as spiritual assessment forms to those who engage in more formal scholarly investigation." Available (\$40.46, paperback) at: <http://www.amazon.com/Methods-Religion-Spirituality-Aging-James/dp/0415848792>.

Spirituality in Patient Care, 3rd Ed (Templeton Press, 2013)

The 3rd edition provides the latest information on how health professionals can integrate spirituality into patient care by identifying and addressing the spiritual needs of patients. Chapters are targeted to the needs of physicians, nurses, chaplains, mental

health professionals, social workers, and occupational and physical therapists. Available (\$22.36) at: <http://templetonpress.org/book/spirituality-patient-care>.

Handbook of Religion and Health (2nd Ed) (Oxford University Press, 2012)

This Second Edition covers the latest original quantitative research on religion, spirituality and health. Religion/spirituality-health researchers, educators, health professionals, and religious professionals will find this resource invaluable. Available (\$105.94) at: <http://www.amazon.com/Handbook-Religion-Health-Harold-Koenig/dp/0195335953>

Spirituality & Health Research: Methods, Measurement, Statistics, & Resources (Templeton Press, 2011)

This book summarizes and expands the content presented in the *Duke Research Workshop on Spirituality and Health*, and is packed full of information necessary to conduct research on this topic. Available (\$39.96) at: <http://templetonpress.org/book/spirituality-and-health-research>.

FUNDING OPPORTUNITIES

George Family Foundation Grants

This foundation gives out small grants (\$2,500 to \$55,000) for projects that promote integrated approaches to health and healing. They seek to fund programs and initiatives that advance an integrated, patient-centered approach to healing, encouraging people to take responsibility for their health supported by a diverse team of healthcare providers. They are also interested in enhancing the positive impact of religious faith and spiritual connection. They fund programs that contribute to interfaith harmony and that enrich the inner lives of individuals, families and communities. Grants awarded in 2011 totalled \$200,000. For more information, to website: <http://www.georgefamilyfoundation.org/about/>.

Templeton Foundation Online Funding Inquiry (OFI)

The Templeton Foundation will be accepting the next round of letters of intent for research on spirituality and health between **February 2 and April 1, 2014**. If the funding inquiry is approved (applicant notified by May 2, 2014), the Foundation will ask for a full proposal that will be due September 2, 2014, with a decision on the proposal reached by December 20, 2014. The three main areas in religion, spirituality and health that the Foundation funds are: (1) research on causal mechanisms (basic psychosocial, behavioral, and physiological pathways), (2) increasing competencies of health care professionals in working with religious patients (physicians, but also psychologists and experts in public health), and (3) research involving the development of religious-integrated interventions that lead to improved health. More information: <http://www.templeton.org/what-we-fund/our-grantmaking-process>.

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Website:
<http://www.spiritualityandhealth.duke.edu/about/giving.html>

2013-14 CSTH CALENDAR OF EVENTS...

December

- 11 **Religion, spirituality and health**
Torch Club
Chapel Hill, North Carolina
Presenter: Koenig
Contact: Rod Gerwe, Ph.D. (r.gerwe2@frontier.com)
- 18 **Important considerations when planning Religion and Health research using Jewish subjects**
Susan Cowchock, M.D., B.C.C.
Durham, North Carolina
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

January

- 23 **Wellness in Aging and Caregiver Stress**
Senior Health Support of the Triangle
Durham, North Carolina
Presenter Koenig
Contact: Rollin Burhans, M.D.
(<mailto:rollin@burhansfamily.com>)
- 29 **To heal and restore broken bodies: A retrospective, descriptive study of the role and impact of the treatment of patients with burn injury**
C. Scott Hultman, MD, MBA, FACS
Ethel and James Valone Distinguished Professor of Surgery Chief and Program Director UNC Burn Reconstruction and Aesthetic Center
Durham, North Carolina
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)