CROSSROADS…

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health Volume 2 Issue 8 February 2013

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 January 2013) go to: http://www.spiritualityandhealth.duke.edu/publications/crossroads.html

LATEST RESEARCH OUTSIDE DUKE

Do Spiritual Experiences Help to Cope with Daily Stress?

Researchers examined the relationship between everyday spiritual experiences and daily measures of positive and negative moods in 244 adults ages 55 to 80 (average 69). This was a subsample of participants involved in the Notre Dame Study of Health and Well-being who completed daily assessments for up to 56 days. Characteristics of this subsample were 63% women, 45% married, 29% with a college degree, and 83% White. Each day participants completed the 10-item Perceived Stress Scale, the 5-item Daily Spiritual Experiences scale, and the 20-item Positive-negative Affect Schedule. Multilevel regression models were used to test the stress-buffering hypothis. Results indicated a significant interaction between perceived stress and daily spiritual experiences on negative affect (sadness, depression). Spiritual experiences buffered (or reduced) the effect of perceived stress on negative moods ($p<0.005$). For positive moods (happiness and well-being), although there was no interaction between perceived stress and spiritual experiences, spiritual experiences were significantly and positively related to positive mood (main effect, $p<0.0001$). The authors concluded that everyday spiritual experiences both help to buffer the negative effects of daily stressors on bad mood and help boost the daily positive moods among older adults.

Citation: Whitehead BR, Bergeman CS (2012). Coping with daily stress: Differential role of spiritual experience on daily positive and negative affect. Journal of Gerontology (B, Psychol Sci Soc Sci) 67 (4):456-459

Comment: This is one of the few studies that have examined daily relationships between religious experiences and mental health, confirming the majority of reports from other observational studies. These studies are difficult to conduct, given compliance problems with participants documenting their experiences on a daily basis over a prolonged period. Nevertheless, such studies support the hypothesis that spiritual experiences have an influence on daily moods (or possibly vice-versa).

Religion, Changes in Personal Control, and Aging

Are religious beliefs and activities associated with a sense of personal control in older adults, a time when personal control over life is often lessening? To answer this question, researchers analyzed data from a U.S. national sample of 1,495 persons over age 65 (50% White and 50% Black adults) assessed at baseline in 2001 and followed up in 2004, 2007, and 2008. Participants were limited to current or former Christians or those never affiliated with any religion. Personal control was assessed by the following statements to which participants expressed agreement on a 1 to 4 scale (1=strongly disagree, 4= strongly agree): "I have a lot of influence over most things that happen in my life"; I can do just about anything I really set my mind to"; "When I make plans, I'm almost certain to make them work"; and "When I encounter problems, I don't give up until I solve them." Control by God (God-mediated control) was assessed with three items: "I rely on God to help me control my life"; "I can succeed with God's help"; and "All things are possible when I work together with God." Religious commitment was measured with three items: "My faith shapes how I think and act each and every day"; "I try hard to carry my religious beliefs over into all my other dealings in life"; and "My religious beliefs are what lie behind my whole approach to life." Data imputation methods and growth curve models were used to examine individual trajectories of change in personal control over a 7-year period. Controlled for were the counfounders age, race, gender, and education. Results indicated an accelerating decline in personal control as people aged over time, especially among White adults, women, those with less education, and those with low religious commitment ($p<0.001$). In a separate analysis, God-mediated control was highest among Black adults, women, those with less education, and those who were more religiously committed. Although God-mediated control remained stable in Blacks as they aged, it increased over time in Whites who who were highly religiously committed to begin with but decreased over time in those who were less committed at baseline. Personal control and God-mediated control were also related, but only in Black adults: a decline in personal control over time was associated with a pattern of increasing God-mediated control, whereas among those with persistent high personal control, God-mediated control remained stable over time. Researchers concluded that (1) personal control declines with age, (2) personal control declines less in those with high religious commitment, (3) God-mediated control increases with aging and partially compensates for losses in personal control (in Blacks especially), and (4) God-mediated control depends on personal religious commitment (Whites) and sense of personal control (Blacks).

Citation: Hayward RD, Krause N (2013). Trajectories of late-life change in God-mediated control. Journal of Gerontology (Psychol & Soc Sci, Part B) 68 (1):49-58

Comment: Examining individual trajectories of change in personal control and God-mediated control using growth curve models, researchers were able to document a significant relationship between changes in personal control, religious commitment, and God-mediated control as people aged. These findings are significant given the impact that declining personal control has on mental health (and possibly physical health as well).

Changes in Church-Based Social Support with Aging

How do emotional and tangible support from fellow church members change in older adults as they grow older? As in the

study above, researchers analyzed data on a U.S. national sample of 1,192 adults over age 65 (50% White and 50% Black) assessed at baseline in 2001 and followed up through 2008. Again, participants were limited to those who were currently Christian, formerly Christian, or had no prior religious affiliation. Furthermore, measures of congregational support (CS) were administered only to those attending religious services at least "several times a year." CS was assessed using a 16-item measure that examined (1) emotional support received (4 items), (2) tangible support received (5 items), and (3) emotional and tangible support given to others (7 items). Level of religious involvement was assessed by frequency of religious attendance and a 3-item measure of religious commitment (see previous study). In addition, a 5-item measure of congregational cohensiveness (degree to which church members work together) and a 3-item measures of self-rated health were administered. Individual trajectories of change in emotional support received, tangible support received, and support provided to others were examined using data imputation methods and growth curve models, stratified by race. Results indicated a significant increase over time in emotional support received by both Black and White participants, and was greater in those who attended religious services more frequently, those who expressed higher levels of religious commitment, and those attending churches that were more cohesive. In contrast, while tangible support received showed no change in Whites, it decreased significantly among Blacks over time, especially (and surprisingly) in those attending highly cohesive congregations. However, the average level of tangible support overall was significantly higher in Blacks than Whites and significantly higher in Blacks attending highly cohesive congregations and those who attended church more frequently. In Whites, only higher levels of religious commitment predicted higher levels of tangible support received. With regard to support provided to others, only tangible support given declined with increasing age and only in Black adults. However, again, Black adults provided more tangible support to others overall than Whites. Again, greater religious attendance, religious commitment, and congregational cohesiveness were associated with greater emotional and tangible support given to others for both Blacks and Whites. Better health was associated with providing more support to others, but only in Blacks.
Citation: Hayward RD, Krause N (2013). Changes in church-based social support relationships during older adulthood. Journal of Gerontology (Psychol & Soc Sc, Part B) 68 (1):85-96
Comment: Emotional support received from fellow church members (both quantity and quality) increases over time in both older Blacks and Whites, especially in those who are more religious. The most interesting finding here, though, is that Black Americans provide more emotional and tangible support to fellow church members than do White Americans, but there is a decline in support provided by Blacks as they grow older, which may be related to worsening health. Again, these findings are particularly important given the role that social support (as well as the provision of social support to non-kin) plays in both the emotional and physical health of older adults.

Spiritual Healing Practices following Initiation of Anti-Retroviral Therapy in HIV+ Patients in South Africa

Do faith healing practices decline after initiation of effective treatment? Does religion or faith healing practices reduce compliance with allopathic treatments? Researchers followed 735 HIV+ patients (70% female) attending three public hospitals in KwaZulu-Natal, South Africa, for 20 months after initiation of anti-retroviral (ARV) therapy. As expected, study dropouts over time were significant, with 178 dropouts at 12 month follow-up and 58 more dropouts by 20 months (total 236 dropouts or about one-third of the sample). Most dropouts were due to deaths or to transfer of care elsewhere. Faith healing treatments included spiritual practices and prayer, which were done primarily for improving overall well-being ahd relieving stress. Prior to ARV therapy initiation, faith healing treatments were reported by 36% of participants, thus tying herbal therapies for the most common form of Traditional, Complementary and Alternative Medicine (TCAM) practice. However, after initiation of ARV treatment, faith healing practices declined to 22% by 6 months, 21% by 12 months, and 16% by 20 months. Note, however, that all TCAM practices declined after initiation of ARV treatment. Multivariate analyses revealed that at both 12 months and 20 months, belonging to a mainstream Christian church (vs. traditional African affiliation or having no religious affiliation) was associated with significantly greater ART adherence. Interestingly, spiritual practices and prayer were also associated with greater ART adherence in uncontrolled analyses at both 12 and 20 month follow-up, although this relationship weakened when other variables were controlled (including religious affiliation).
Citation: Peltzer K, Preez NF, Ramlagan S, Fomundam H, Anderson J, Chanetsa L (2011). Antiretrovirals and the use of traditional, complementary and alternative medicine by HIV patients in Kwazulu-Natal, South Africa: A longitudinal study. African Journal of Traditional, Complementary, and Alternative Medicine 8(4):337-345
Comment: Africa is a region of the world where rates of both religious involvement and HIV infection are very high. Although slightly older (2011), this is one of the few studies on the longitudinal relationships between religious involvement, faith healing practices, and compliance with HIV treatment. Not surprisingly, there was a reduction in faith healing practices over time (as with all TCAM practices) once effective treatment was started. Interestingly, this study found no evidence that religious involvement decreased compliance with standard HIV treatment. If anything, it was associated with increased compliance.

Does Religion Impact Mental Health in HIV+ Adults in Tanzania?

Yale University researchers in the school of public health and social/behavioral sciences division examined relationships between religion, spirituality and mental health in 135 low-income HIV+ adults living in a rural setting in Tanzania. The sample was recruited from community HIV treatment centers and other organizations that provided services to those with HIV infection. Inclusion criteria were documentation of HIV+ status, no bereavement in past 3 months, absence of significant cognitive impairment, and age 18 to 65 (averge 40). The majority of participants were female (87%) and Christian (89%), and 95% had only primary education or less. Religiosity was assessed using the first two question of the Duke Religion Index (frequency of religious attendance and private religious activities). Spirituality was assessed using the FACIT-Sp-12 (the correlation between religiosity and spirituality was only 0.20). Social support was measured by the 6-item SSQ. Active and avoidant coping were assessed using the Brief COPE. The 21-item DASS measured symptoms of depression, anxiety, and stress, and served as the primary mental health outcome. Structural equation modeling was used to examine relationships between variables. Gender, age, and duration of HIV+ were confounders controlled in analyses. Active coping, avoidant coping, and social support were examined as mediators of the effect of religion/spirituality on psychological distress. Results indicated that while religiosity was unrelated to active coping, it was related to less avoidant coping ($B=-0.35$, $p<0.05$) and to more social support ($B=-0.27$, $p<0.05$). Spirituality was unrelated to avoidant coping, but was positively related to active coping ($B=0.49$, $p<0.001$) and greater social support ($B=0.48$, $p<0.001$). Psychological distress (depression, anxiety, stress) was unrelated to active coping, but strongly and positively related to avoidant coping ($p<0.001$). Psychological distress was also related to lower social support. Religiosity was inversely

related to depression, anxiety, and stress (all p<0.05), and this effect was primarily due to religiosity's inverse relationship to avoidant coping (indirect effect). On the other hand, spirituality was inversely related to depression, anxiety, and stress (all p<0.01), an effect due primarily to spirituality's positive relationship to social support (indirect effect). There were also weak indirect effects of religiosity through social support on reducing psychological distress (p<0.08). Researchers concluded that these cross-sectional relationships highlighted "the utility of faith-based approaches to prevention" of mental health problems in HIV+ adults.
Citation: Steglitz J, Ng Reuben Mosha JS, Kershaw T (2012). Divinity and distress: The impact of religion and spirituality on the mental health of HIV-positive adults in Tanzania. AIDS and Behavior 16(8):2392-2398
Comment: Although the authors' claim that this study highlighted the utility of faith-based approaches to prevention is a bit far-reaching given the cross-sectional nature of the data, the study does contribute to the literature on the role of religious faith in coping with HIV disease. However, the way 'spirituality' was measured (Facit-Sp-12) is a clear weakness of the study, given that the Facit-Sp is hopelessly confounded with items tapping mental health, making the findings here difficult to interpret. This was not the case, however, for the findings regarding religion and prevention of psychological distress.

Changes in Religious Belief and Mental Health Following September 11th Terrorist Attacks

Investigators examined self-perceived changes in importance of religious beliefs and mental healthstates in 608 participants 2.5-3.5 years after the September 11, 2001, terrorist attacks (Mar 2005-Feb 2005). In this cross-sectional retrospective study, subjects were acquired through online advertisements on Families of September 11 and Voices of September 11th websites, along with sending information about the study to listserves of 9/11 victims. Inclusion critera included loss of a family member, colleague or friend in the attack, and as a result, two-thirds of participants had lost a child, spouse, or parent. Importance of religious beliefs was assessed with two questions: "How important is your religion to you as the present time?" and "How important was your religion to you before 9/11/2001?" Responses ranged from 1 (not at all) to 5 (extremely important). Change was determined by comparing responses and creating the following three categories: no change, more important, less imporant. Current mental health outcomes included PTSD symptoms (assessed using a standard 17-item scale), major depression (assessed with the PHQ-9), and complicated grief (assessed with Prigerson's 9-item scale). PTSD was present in 22%, major depression in 19%, and complicated grief in 44%. Prior to the 9/11 attacks, 17.2% said religion was extremely important (vs. 20.9% currently) and 15.0% said it was not at all important (vs. 19.2% currently). Overall, no change was found in 78.8% of respondents, religion became less important in 10.2% and more important in 11.0%. Those in whom religion became more important were more likely to be non-white and college graduates. Those in whom religion became less important were more likely to have lost a child. Adjusting for ethnicity, education, loss of a child, and watching TV during 9/11 attacks, those in whom religion had become more important were over twice as likely to be experiencing major depression currently (OR=2.28, 95% CI 0.97-5.33, p=0.06). Those in whom religion had become less important were twice as likely to be experiencing PTSD (OR=1.98, 95% CI 0.96-4.09, p=0.06), two and a half times as likely to be experiencing major depression (OR=2.54, 95% CI 1.14-5.66, p=0.02), and nearly three times as likely to be experiencing complicated grief (OR=2.76, 95% CI 1.39-5.47, p<0.01). The authors concluded that "significant loss and severe trauma may have a broad and deep impact that may extend beyond the mental heath realm and into the spiritual domain."
Citation: Seirmarco G, Neria Y, Insel B, Kiper D, Doruk A, Gross R, Litz B (2012). Religiosity and mental health: Changes in religious beliefs, complicated grief, posttraumatic stress disorder, and major depression following the September 11, 2001 attacks. Psychology of Religion and Spirituality 4(1):10-18
Comment: This study examined changes in religious importance over a 3-4 year period among those affected by the 9/11 terrorist attacks. Changes in religious beliefs, particularly a decrease in religious importance, were associated with worse current mental health. Although one might have expected many to turn to religion to cope with the trauma, this appears to have occurred in only about half of those in whom religion changed. In the other half, there was a turning away from religion, perhaps because of the anger and outrage directed at religion for these terrible events. It was in those individuals in particular that emotional distress seemed the greatest. Alienated from their religious faith, these individuals may not have had other sources of comfort, hope and meaning.

Religiosity and Valuation of Life in Older Prisoners

Researchers at Bradley University and Oklahoma State University examined relationships between religiosity, forgiveness, and social resources on valuation of life in 261 male prison inmates ages 44-82 (average 58) at state-operated correctional facilities in Oklahoma. Prisoners were recruited from inmates who were not a safety risk to interviewers, were not in solitary confinement, and were not sentenced to death row. The outcome of particular interest was valuation of life (VOL). VOL was measured by agreement or disagreement with statements about the value of life, including the future (i.e., "the future is worth anticipating and planning for"), hope ("what happens now and in the future will be positive"), self-efficacy ("the individual will demonstrate competence in the future"), persistence ("efforts to problem solve are worthwhile and will likely lead to success), and purpose ("agreement regarding goals that guide the participant's life choices"). Religious involvement was assessed using two items from the Duke Religion Index (religious attendance and private religious activity). Forgiveness was assessed with the 18-item Heartland Forgiveness Scale, and social provisions by the 24-item Social Provisions Scale (extent to which social ties provide guidance, reassurance, social integration, attachments, nuturance, and reliable alliances). Controlled for in the analyses were age, race, education, perceived health, and depressive symptoms (10-item GDS). Structural equation modeling with Mplus was used to analyze the data. Uncontrolled results indicated that religiosity was associated with VOL (p<0.001), forgiveness of self (p<0.01), forgiveness of others (p<0.001), and with greater social provisions (p<0.001). Controlled results indicated that reilgiosity was both directly and indirectly related to VOL. Indirect effects of religiosity on VOL occurred through greater forgiveness and greater social provisions.
Citation: Randall GK, Bishop AJ (2012). Direct and indirect effects of religiosity on valuation of life through forgiveness and social provisions among older incarcerated males. The Gerontologist, May 20 [E-pub ahead of print]
Comment: This study examines a relatively new mental health outcome, Valuation of Life. One might think that older prisoners would be particularly challenged in this area. The results suggest that religious involvement, by enhancing forgiveness of self and others and by increasing social resources, might enhance valuation of life in this population. This is one more study that suggests having religious programs in prisons may be beneficial.

Religion, Alcohol Use, and Cigarette Smoking in a Brazilian Slum

Researchers examined relationships between religious involvement, cigarette smoking, and alcohol consumption in a random sample of 383 adults (87% response rate) living in the

"Paraisopolis" shantytown in Sao Paulo in 2005. The average age of participants was 42; 74% were women; 51% of their families earned less than $200 per month; and 30% of participants were unemployed. More than 20% reported smoking cigarettes, 18% used alcohol, and 8% abused alcohol (>14 drinks/week for men, >7 drinks/week for women). Religious background was 73% Catholic, 13% evangelical Protestant, and 9% none. Religiosity was assessed using the 5-item Duke Religion Index, along with additional questions including "Do you beileve in life after death?" and "Do you believe in reincarnation?" Alcohol use and cigarette smoking were each assessed with two standard questions. Logistic regression was used to control for demographic confounders, social and behavioral factors. Results indicated that 36% attended religious services weekly or more; 58% prayed at least daily or more; 44% believed in life after death; and 29% believed in reincarnation. Logistic regression analyses revealed that those attending religious services weekly or more were 83% less likely to smoke cigarettes (OR=0.17, 95% CI 0.08-0.37, p<0.001), 68% less likely to use alcohol (OR=0.32, 95% CI 0.15-0.69, p<0.01), and 32% less likely to abuse alcohol (OR=0.68, 95% CI 0.52-0.90, p<0.01). Those who prayed daily or more were 22% less likely to smoke (OR=0.81, 95% CI 0.70-0.74, p<0.01), 17% less likely to use alcohol (OR=0.83, 95% CI 0.69-1.01), and 22% less likely to abuse alcohol (OR=0.78, 95% CI 0.61-1.00). Belief in life after death or reincarnation were unrelated to cigarette or alcohol use.
Citation: Lucchetti G, Peres MFP, Lucchetti ALG, Koenig HG (2012). Religiosity and tobacco and alcohol use in a Brazilian shantytown. Substance Use & Misuse 47(7):837-46
Comment: This is one of the few studies on religiosity and substance use among people living in slums of Brazil, a place where substance use is widely prevalent and associated with worse health outcomes. The study replicates findings on smoking and alcohol use/abuse in more wealthy U.S. and European populations. Interestingly, this study found no relationship between belief in life after death or reincarnation for either cigarette smoking or alcohol use/abuse.

NEWS

Special Issue on Spirituality and Health

The Hindawi Publishing Corporation has announced a Call for Papers for a special issue focused on spirituality and health in the journal Evidence-Based Complementary and Alternative Medicine. The guest editors for this volume are Arndt Bussing (lead), Klaus Baumann, Niels Christian Hvidt, Harold G. Koenig, Christina Puchalski, and John Swinton. The issue is open to submissions from different disciplines that will shed light on the impact of spirituality on health and illness. All are invited to contribute original research (epidemiological studies and interventional trials), review articles, and theoretical pieces which describe the framework of this unique field in integrative medicine. Examples of topics include epidemiological studies on the connections between religiosity/spirituality and health; studies on the impact of secular forms of spirituality on health; intervention studies on specific practices such as meditation, mindfulness, praying, forgiveness, etc; analysis of spiritual needs of patients with chronic diseases; spiritual transformation in response to chronic health problems or severe trauma; hypotheses and models regarding the mechanism of action; and neurohormonal approaches to spirituality and health. Final date for submission of manuscripts for the special issue is June 7, 2013. Since this is an open-access journal, there are processing fees for each article if accepted for publication ($1,750). For more information see: http://www.hindawi.com/journals/ecam/si/352539/cfp/.

"New" Spirituality and Health Journals

Readers should be aware of a number of new and relatively new journals (and some re-named old ones) now exist that are accepting research, reviews, and commentaries on religion, spirituality and health. These include the following: *Mental Health, Religion and Culture, Religions* (open access), *Journal of Religion, Spirituality and Aging* (formerly Journal of Religious Gerontology, and before that, Journal of Religion and Aging), *Psychology of Religion and Spirituality, Journal of Religion & Spirituality in Social Work, International Journal of Religion and Spirituality in Society, Journal of Spirituality in Mental Health* (formerly American Journal of Pastoral Counseling), and *Journal of Religion, Disability and Health*

SPECIAL EVENTS

Alzheimer's and Faith (Chapel Hill, NC) (February 3, 5:00P)
Dr. Warren Kinghorn, assistant professor of psychiatry at Duke University Medical Center and a professor of pastoral and moral theology at Duke Divinity School, will be presenting a theological approach to understanding and engaging persons with memory disorders. The lecture is free and open to all, and is being held at 3011 Academy Road in Durham, NC, at Pilgrim United Church of Christ. For more information, contact Lindsay (Lkeierman@gmail.com).

David B. Larson Memorial Lecture (Durham, NC) (March 7, 2013, 5:30P)
The 11th Annual David B. Larson Memorial Lecture will be held at Duke University Hospital North, Room 2001. The speaker will be George Fitchett, D.Min., Ph.D., who is Professor and Director of Research in the Department of Religion, Health, and Human Values, Rush University Medical Center, Chicago, Ill, where he also holds an appointment in the Department of Preventive Medicine. Dr. Fitchett is trained in both chaplaincy and epidemiology. Using data from a recent study of VA mental health chaplains, Dr. Fitchett will describe current practice in chaplains' spiritual assessment, a model for evidence-based spiritual assessment, and will describe the research needed to develop that model. For details about the location and time of the lecture see website:
http://www.spiritualityandhealth.duke.edu/education/larson/index.html.

Emerging Tools for Innovative Providers: Interdisciplinary Applications from Spirituality and Health Research (Pasadena, CA) (July 22-26, 2013)
Preparations are now being made to hold a 5-day conference at Fuller Theological Seminary in Southern California on how to integrate the latest findings from spirituality and health research into clinical practice. Presenters will include Ken Pargament and others in the field of spirituality and health. Save the date, as this will be a truly dynamic conference and will include lots of hands-on activities and workshops. For more information, contact Bruce Nelson at NELSONBR@ah.org.

Duke Summer Spirituality & Health Research Workshops (Durham, NC) (August 12-16, 2013)
Register now to ensure a spot in our 2013 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 600 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/.

RESOURCES

APA Handbook of Psychology, Religion, and Spirituality
This two-volume edited text is now available (January 14, 2013) and can be ordered at Amazon.com for $354.58 (discounted from $495; for members of APA, $249). The book, edited by Ken Pargament and his editorial team, is described as follows: "…the most comprehensive coverage of the current state of the psychology of religion and spirituality. The handbook documents how the psychology of religion and spirituality is building on its theoretical and empirical foundation to encompass practice. Chapters provide in-depth and varied perspectives of leading scholars and practitioners on the most vital questions in the field." See website: http://www.apa.org/pubs/books/4311506.aspx.

Paging God: Religion in the Halls of Medicine (2013)
Written by Wendy Cadge, associate professor of sociology at Brandeis University and published by University of Chicago Press, this book takes readers inside major academic medical institutions to explore how today's doctors and hospitals address prayer and other forms of religion and spirituality. To learn more about the book, see website http://www.wendycadge.com/paging_god.php. $15.86 at Amazon.com.

Comprehensive Review of Research on Religion, Spirituality and Health
Published in December 2012 in ISRN Psychiatry is a review of research on religion, spirituality and health from the late 1800's to 2010. For those who may have difficulty obtaining a copy of the 2012 Handbook of Religion and Health, this article summarizes the research findings contained in that volume (and the 2001 volume). *There is no more updated and comprehensive review of the research in the published literature to date*. The article also discusses the applications of this research to patient care. A pdf of the article can be downloaded from this open access journal *for free* from anywhere in the world. See website: http://www.hindawi.com/isrn/psychiatry/2012/278730/

Spirituality & Health Research: Methods, Measurement, Statistics, & Resources (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 in this area acquired over 25 years by the author. Book available for purchase at: http://templetonpress.org/book/spirituality-and-health-research. See Matthew Porter's review of this text in the December 2012 online edition of *Journal of Religion and Health* (http://link.springer.com/article/10.1007/s10943-012-9666-x).

Handbook of Religion and Health (2nd Ed) (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 resources invaluable. Available, at http://www.amazon.com/Handbook-Religion-Health-Harold-Koenig/dp/0195335953

FUNDING OPPORTUNITIES

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 beginning **February 1, 2013**. If the funding inquiry is approved (applicant notified by May 3, 2013), the Foundation will ask for a full proposal that will be due September 2, 2013, with a decision on the proposal reached by December 20, 2013. More information: http://www.templeton.org/what-we-fund/our-grantmaking-process

Covenant Health Research Centre (CHRC) Grants
CHRC is requesting Letters of Intent for research studies examining the interaction between faith, spirituality, health and healing. Areas of particular interest are the effect of spiritual and religious practices on heath outcomes, mechanisms by which religion and spirituality may impact health, effect of spiritual/religious beliefs on values that affect health-related decision making, spiritual needs of those receiving healthcare, efficacy of spiritual interventions as part of health promotion and clinical treatment, spirituality of healthcare providers, and interpretation of what the findings mean for individuals, congregations, academic communities, and health care providers through transdisciplinary collaboration. The deadline for Letters of Intent is *February 15, 2013*. Applicants will be notified of the decision to fund on May 31. The maximum grant amount is $25,000 CAD (Canadian dollars). Healthcare providers/clinicians and academic researchers are encouraged to apply. No funding is provided for salary support for the lead applicant. Funds covered requested must cover research-related expenses. For more information:
http://www.caritas.ab.ca/Home/Research/ForResearchers/GrantRequests/Faith+Spirituality+Health+Grant

2013 CALENDAR OF EVENTS…

Feb

3 Alzheimer's Disease and Faith
Presenter: Warren Kinghorn, Th.D., M.D.
Assistant Professor, Psychiatry, Duke University
Pilgrim United Church of Christ, 5:00P
Contact: Lindsay (Lkeierman@gmail.com)

27 Prayer, Attachment to God, and Psychological Well-Being
Presenter: Matthew Bradshaw, Ph.D.
Assistant Professor, Sociology, Duke University
Center for Aging, 3rd floor, Duke South, 3:30-4:30P
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

Mar

7 Developing An Evidence-based Approach to Spiritual Screening and Spiritual Assessment
David B. Larson Memorial Lecture
Presenter: George Fitchett, DMin, PhD
Duke North, Room 2001, 5:30-6:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu

27 The Role of Spirituality in Palliative Care
Presenter: Carol Weingarten, M.D., Ph.D.
Adjunct Assistant Professor, Psychiatry, Duke University
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu

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