

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

Volume 4

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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 October 2014) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

LATEST RESEARCH OUTSIDE DUKE

Religion, Parent and Child Well-being in America

Dr. Wen in the department of sociology at the University of Utah analyzed data from the 1999 and 2002 National U.S. Survey of America's families to examine relationships between religion and well-being. This is a nationally representative sample of nearly 40,000 non-institutionalized civilian population of parents under age 65 and children ages 6 to 17, with a focus on low-income families. Outcome variables were parent physical health measured by a single item, parent mental well-being assessed with a 5-item scale and parenting attitudes assessed with a 4-item scale. Child health was assessed using (1) a single parent-rated child physical health item, (2) a 6-item parent-rated child behavioral health scale, and (3) a 4-item parent-rated child school engagement scale. The three scales were used to create a 3-item child well-being index, which was also used in the analyses. The religious variable was parent participation in religious services that was assessed by a single question asking, "In the past 12 months, about how often have you attended religious services?" with responses ranging from 1 (never) to 4 (once a week or more). Control variables were age, gender, race/ethnicity, parent education, and family financial hardship. **Results:** Regression analyses revealed that participation in religious services was positively related to parent self-rated health ($b=0.06$, $p \leq 0.01$), controlling for parent age, gender, race, education, and financial hardship, an effect that was present in the entire sample except in Hispanic parents. Religious participation was also related to parent mental well-being, independent of control variables ($b=1.36$, $p \leq 0.01$), especially for older parents (over 50), women, and families with financial hardships. Participation in religious services was also associated with better parenting attitudes ($b=0.08$, ≤ 0.01), again especially in families with financial hardships. There was also a positive relationship between parental religious attendance and child behavioral health ($b=0.15$, ≤ 0.01) and child school engagement ($b=0.22$, ≤ 0.01). There was no relationship between parental participation in religious services and child physical health. However, with the overall child well-being index as the dependent variable, parental religious participation was

positively related to the index independent of parent self-rated health, parent mental well-being, and positive parenting attitudes ($b=0.09$, ≤ 0.01). The author concluded that, "These findings suggest that opportunities for participation in local religious services offered by faith-based organizations may be fruitful avenues through which the government and society can help American families enhance parent and child well-being."

Citation: Wen M (2014). Parental participation in religious services and parent and child well-being: Findings from the National Survey of America's families. *Journal of Religion and Health* 53:1539-1561

Comment: This is an important study from a large random sample of American families demonstrating uniformly positive findings for parent and child with increased parent religious involvement, independent of other risk factors. The associations were particularly strong in families with financial hardships.

Religion and Depression in Caregivers of Patients with Cancer

Researchers at Frank H. Netter MD School of Medicine and Yale University School of Nursing examined the relationship between religious involvement and depression in 150 family caregivers of someone with cancer, a population where the prevalence of clinical depression is reported to be nearly 40%. Religious characteristics assessed were attendance at religious services and frequency of prayer. **Results:** Only 10.7% of respondents indicated no religious affiliation, which was lower than the U.S. national average of 16.1% and the state average of 23.0% (Connecticut). Attendance at religious services was also higher in this sample (81.3%) than the national average (67.2%) and the state average (30.0%). Likewise, rate of prayer was higher in this sample (65.3%) compared to the national average of (42.9%). Correlational analyses revealed that attendance at religious services was inversely associated with depressive symptoms (CES-D) ($p=0.004$) with a linear trend present ($p=0.002$).

Citation: Williams A, Dixon J, Feinn R, McCorkle R (2014). Cancer family caregiver depression: Are religion related variables important? *Psycho-Oncology*, August 11 [e-pub ahead of print]
Comment: Since only the abstract of this study was available, not much more information was available to comment on. However, the results speak for themselves.

Cancer Patients' Attitudes Toward Physician Spiritual Support in Australia

Researchers at the University of Sydney conducted qualitative interviews with 15 patients with advanced cancer to determine what they thought should be the role of the doctor in providing spiritual support. The two primary questions asked were: (1) What is your source of spiritual support, and (2) How would you like your doctor to engage with you on spiritual issues? **Results:** Of the 15 patients, 9 had no religious affiliation and the remaining 6 were Christian. Most patients said that the physician should initiate inquiry about their spiritual beliefs, which should be repeated even if not shared. Researchers concluded that, "Regardless of religious background, the majority of patients wanted their doctor to ask about their source of spiritual support and facilitate access

EXPLORE...in this issue

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to it [13 of 15]. Patients did not want spiritual guidance from their doctors, but wanted to be treated holistically and to have a good relationship, which allowed them to discuss their fears.”

Citation: Best M, Butow P, Oliver I (2014). Spiritual support of cancer patients and the role of the doctor. Supportive Cancer Care 22:1333-1339

Comment: How interesting that in this secular society, the vast majority of patients wanted their physician to ask about their source of spiritual support (but didn't want the doctor to advise them in this area). The findings make perfect sense and underscore the importance of physician inquiry about spiritual needs of patients by taking a brief spiritual history, especially in a largely religious society such as the U.S. (where 90% of physicians currently do not usually do so).

Religion, Social Support and Quality of Life in Older Ethiopians

Investigators in the department of sociology at the University of Stockholm, Sweden, surveyed a random sample of 214 persons over age 55 in Addis Ababa, examining relationships between religion, spirituality, social support, and quality of life. Characteristics of the sample were 51.4% female, 56.1% married, 86.4% Orthodox Christians, 12.6% Protestant, and 0.9% Catholic. Religion/spirituality was measured using the Brief Multidimensional Measure of Religiousness/Spirituality; social support by the 12-item Multidimensional Scale of Perceived Social Support; and quality of life by the 12-item CASP-12, which assesses control, autonomy, pleasure, and self-realization. **Results:** Protestants scored the highest on the QOL (CASP-12) scale, followed by Catholics and then Orthodox Christians ($p=0.002$). QOL scores were also significantly correlated with religiousness/spirituality ($r=0.42$) and with social support ($r=0.44$). After controlling for age, gender, marital status, religious denomination, education, financial status, pension income, number of children, need for financial aid, and social support, the results indicated that R/S was significantly and positively correlated with QOL, and the size of the effect was equivalent to that of social support (after controlling for social support) ($b=0.27$ for both). Researchers concluded that “Both religiousness/spirituality and social support are positively associated with quality of life and might be important buffers against deprivation.”

Citation: Hamren K, Chungkham HS, Hyde M (2014). Religion, spirituality, social support and quality of life: Measurement and predictors CASP-12 (v2) amongst older Ethiopians living in Addis Ababa. Aging & Mental Health [E-pub ahead of print]

Comment: This is one of the few studies (perhaps only study) of religiousness/spirituality, social support, and quality of life in a random sample of older adults from Ethiopia. The findings are similar to those reported in the West, as might be expected in Ethiopia, a largely Christian nation (76% Christian in Ethiopia vs. 78.5% in US).

Sabbath Keeping: Correlations with Health and Well-being in Seventh-day Adventists

Researchers analyzed data from a sample of 5,411 Seventh-day Adventists drawn from a random sample of 20,000 Adventists from North America. The sample analyzed were those who complete data on all variables of interest, particularly religious variables which were completed by 11,000 of the 20,000. Religious measures included a 4-item “Sabbath keeping” scale (which assessed secular activities engaged in on the Sabbath), a 5-item Positive Religious Coping Scale (Pargament), and a 3-item Religious Support Scale (Krause). Health outcomes were diet assessed by a 5-item scale, exercise assessed by a 2-item scale, and health assessed by the SF-12 (assesses mental and physical health in two separate 6-item scales). To test the mediation hypotheses (i.e., that Sabbath keeping is associated with better

health through religious coping, religious support, diet and exercise) investigators used a bootstrapping analysis that examined direct, indirect, and total effects (point estimates).

Results: Sabbath keeping (fewer secular activities done on the Sabbath) in bivariate analyses was associated with greater religious coping ($r=0.23$, $p<0.01$), greater religious support ($r=0.13$, $p<0.01$), a better diet ($r=0.11$, $p<0.01$), and better mental health ($r=0.11$, $p<0.01$), but was not associated with physical health ($r=0.00$). In mediation analyses, Sabbath keeping was associated with better mental health (total effect/point estimate=1.39, $p<0.0001$) and better physical health (total effect/point estimate=1.25, $p<0.0001$).

Citation: Superville DJ, Pargament KI, Lee JW (2014). Sabbath keeping and its relationships to health and well-being: A mediational analysis. International Journal for the Psychology of Religion 24:241-256

Comment: An interesting study demonstrating (at least cross-sectionally) the benefits of keeping the Sabbath on mental and physical health. Not sure, though, how a bivariate correlation of $r=0.00$ between Sabbath keeping and physical health, i.e., no association whatsoever, ended up with a large total effect on physical health of $p<0.0001$ through mediation. Statistics can sometimes be a wonder.

Spirituality and Palliative Care in Bangkok, Thailand

Researchers from the school of nursing at Mahidol University in Bangkok conducted a cross-sectional survey of 240 patients with advanced cancer to examine factors predicting the effectiveness of palliative care. Participants rated the effectiveness of palliative care by having respondents choose one of the following: (1) symptom elimination, (2) symptom relief, (3) no effect on symptoms, (4) symptoms worsening, and (5) uninterpretable effectiveness. If responses were 1 or 2, palliative care was considered effective. A palliative care strategies form was also administered to assess the number of such strategies implemented (up to 23). Also administered was the Paloutzian and Ellison 20-item Spiritual Well-being Scale, made up of a 10-item religious well-being scale that focused on relationship with God and a 10-item existential well-being (basically a well-being scale). Logistic regression was used to examine predictors of effective palliative care, while controlling for gender, age, family income, time after diagnosis, and number of palliative care strategies used. **Results:** Less than half (41.7%) indicated that palliative care was effective. Religious well-being was rated slightly higher than existential well-being (51.8 vs. 48.1). Spiritual well-being overall (religious well-being and existential well-being scores combined) was associated with greater palliative care effectiveness ($B=0.06$, $SE=0.01$, $p<0.001$), which investigators explained in the context of Thai culture and religious practice. Karma is important in this Buddhist culture, and reading books about dharma and performing good works is one way that some suggest palliative care could be improved, and there have been reports that cancer patients who practice religious activities have high spiritual well-being even during the final stages of their disease (citations are provided in the article).

Citation: Chaiviboontham S (2014). Factors predicting the effectiveness of palliative care in patients with advanced cancer. Palliative and Supportive Care [E-pub ahead of print]

Comment: Few studies on religion, spirituality and health have been done in this part of the world, especially in patients with advanced cancer. It would have been helpful, though, if the authors had reported results separately for the religious well-being subscale and the existential well-being subscale. Reporting results only using the total score makes the findings difficult to interpret. It is possible that religious well-being had no effect at all on the perceived effectiveness of palliative care (since results weren't reported for the religious well-being subscale). The findings reported here could result entirely from the effect of

existential well-being subscale score. If so, then the finding that those with high psychological well-being report that palliative care is more effective is not something to write home about, since the way the predictor (well-being) and outcome (perceived effectiveness of palliative care) are being measured, they are relatively close to the same thing.

Spirituality, not Religiosity, is Related to Mental Health

University of Illinois researchers examined the cross-sectional relationship between religiosity, spirituality, psychological well-being, and life satisfaction in 167 African-American women via a questionnaire completed over the Internet. Religiosity was measured by Worthington's 10-item Religious Commitment Inventory; spirituality by Delaney's 23-item scale; psychological well-being by the Mental Health Inventory-5; and life satisfaction by Diener's 5-item Life Satisfaction Index. The "spirituality" measure assessed three dimensions: relationships (i.e., connection to a universal intelligence), ecology awareness (i.e., nature should be respected), and self-discovery (i.e., my life has meaning). The spirituality measure, then, included numerous indicators of positive mental health. **Results:** In bivariate analyses, religiosity was related to greater psychological well-being ($r=0.19$, $p<0.05$) and greater satisfaction with life ($r=0.29$, $p<0.01$). However, in multivariate models that contained both spirituality and religiosity, no direct relationship was found between religiosity and either psychological well-being or life satisfaction except through spirituality. In other words, "spirituality" fully mediated the relationship between religiosity and well-being, causing the authors to conclude that "previous studies regarding the link between religiosity and mental health outcomes may have been driven by spirituality... by demonstrating the link between spirituality and psychological well-being outcomes apart from religiosity, this investigation further contributes to the body of literature that forms the foundation for mental health professionals' competence in religion and spirituality."

Citation: Reed TD, Neville HA (2014). The influence of religiosity and spirituality on psychological well-being among black women. *Journal of Black Psychology*, July [e-pub ahead of print]

Comments: The results from this study were reported in the media by the headline "Spirituality, not religiosity, causes better mental health." Really? The spirituality variable in this study was heavily contaminated with indicators of positive emotions, almost guaranteeing a positive association with psychological well-being. The fact that well-being was related to well-being is not a Nobel prize winning finding, but rather a circular or tautological one. A major source of the positive emotions assessed in the spirituality measure here may have their origins in the religiosity measure (indeed, the spirituality and religiosity measures were highly correlated at $r=0.50$). This study illustrates the false conclusions that can result when researchers use measures of spirituality that include indicators of positive mental health to examine its relationship to mental health.

Indigenous Healing Among Kurds and Arabs in Iraq

Researchers at the University of Sulaimani in the Kurdish region of Iraq compared rates and predictors of indigenous healing practices between Arabs and Kurds in a systematically identified sample of 331 patients visiting psychiatric outpatient clinics in Erbil and Najaf in May through June 2012 (1 out of every 4 consecutive patients was selected). Participants had to be 18 years or older, and be either Kurdish Sunni Muslim or Arabic Shia Muslim. Average age was 36.5 years, average education was 6.4 years, 50% were male, and 42% were married. Most common psychiatric diagnoses were psychotic disorder (36.9%), depressive disorder (32.6%), and anxiety disorder (18.4%). Indigenous healers here have various kinds of labels such as Al-Sayd, Mullah, Imam or Sheikh, and practice in their own homes or in mosques. **Results:**

48.9% had visited an indigenous healer prior to seeing a psychiatrist, and Arabs were three times more likely to do so than Kurds. Those who were younger and less educated were also more likely to see indigenous healers. Praying (#1) and Qur'an reading and listening (#2) were the most common types of indigenous healing practices in both Kurds and Arabs.

Citation: Rahim TA, Saeed BA, Farhan HM, Aziz RR (2014).

Trends of indigenous healing among people with psychiatric disorders: Comparative study of Arabic and Kurdish ethnicities in Iraq. *Journal of Religion and Health*, July 2014 [E-pub ahead of print]

Comment: At a time when ISIS is ravaging Iraq and killing whole communities of Kurds, this is a particularly timely article. The importance of collaboration between mental health professionals and indigenous healers in this part of the world is underscored by these findings.

NEWS

New "Institute of Muslim Culture and Health", Yinchuan, China

Dr. Zhizhong Wang, associate professor of public health at Ningxia Medical University, and Dr. Harold Koenig are traveling in November to the city of Yinchuan in western China to establish the first Chinese center to study Muslim culture (religion in particular) and health at the Ningxia Medical University. Nearly one-third of the population of Ningxia province (near inner Mongolia) is of Hui ethnicity, most of whom are Muslim. This ethnic group traveled about eight hundred years ago from Arabic countries to conduct business here as traders and merchants. The institute will not only study religion and health in Ningxia province but also throughout China as well, given the recent National Chinese Mental Health Survey, which has collected information on religious characteristics and mental disorders (using the CID1) on a random sample of over 30,000 persons ages 18 or older. In years past, much of the mental health care in China has been provided by religious organizations, especially for those with severe mental illness.

SPECIAL EVENTS

Is God still in Control? Divine Providence in a World of Randomness

(Stonehill College, Easton, MA, November 16-19, 2014)

According to the conference organizers, "Join world-class scholars for a three day symposium exploring the fascinating question: What does it mean to say that God acts in a world filled with random events? Is traditional monotheism even compatible with the world uncovered by contemporary science? Located on the beautiful campus of Stonehill College, just south of Boston, this interactive symposium gathers biblical scholars, theologians, scientists, and historians for a stimulating exploration at the intersection of science and religion." For more information go to:

https://www.eventbrite.com/e/is-god-still-in-control-divine-providence-in-a-world-of-randomness-registration-11242497613?ref=enivte001&invite=NjkkMzU1OS9rb2VuaWdAZ2VyaS5kdWtlLmVkdS8w&utm_source=eb_email&utm_medium=emil&utm_campaign=inviteformalv2&utm_term=attend&ref=enivte001.

7th Annual Muslim Mental Health Conference

(East Lansing, Michigan, March 26-29, 2015)

The Muslim Mental Health Association and Michigan State University has issued a call for abstracts that involve original articles, research, and book reviews on the following subjects:

epidemiological studies of mental illnesses in Muslim communities, role of spirituality in patient-therapist relationship, Islamic law and forensic psychiatry, models of psychotherapy and appropriateness for Muslim patients, disaster psychiatry/psychology, role of traditional healing, stigma of mental illness in Muslim culture, domestic violence, honor killing, and role of imam/Islamic center in mental health services. Abstracts (1/2 page, APA format) must be submitted by **October 31, 2014**, to MSUMMHConference@gmail.com. Selected abstracts will be for poster sessions or oral presentations. Authors will be notified by December 1, 2014. Registration for the conference will open January 12, 2015.

Caring for the Human Spirit Conference

(Orlando, FL) (April 20-22, 2015)

To be held at the Walt Disney World Resort, this conference is sponsored by the Healthcare Chaplaincy (New York City). Speakers include Liliana de Lima (executive director, International Association for Hospice & Palliative Care), Betty Ferrell (Director and Professor, Nursing Research and Education, City of Hope Medical Center), George Handzo (director of health services research and quality), Christina Puchalski (founder and director of GWISH), Lucy Selman (Cicely Saunders Institute at King's College), and John Swinton (professor of practical theology at King's College, Aberdeen). Registration opens this fall. For more information, go to <http://www.healthcarechaplaincy.org/conference>.

Duke Spirituality & Health Research Workshop

(Durham, NC) (August 10-14, 2015)

Register for a spot in our 2015 summer 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 is now being 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 700 persons from all over the world have attended this workshop since 2003. 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

The Changing World Religion Map (Springer, 2014)

This 5-volume work [description from Springer] "explores the changing world of religions, faiths and practices. It discusses a broad range of issues and phenomena that are related to religion, including nature, ethics, secularization, gender and identity. Broadening the context, it studies the interrelation between religion and other fields, including education, business, economics and law. The book presents a vast array of examples to illustrate the changes that have taken place and have led to a new world map of religions. Beginning with an introduction of the concept of the 'changing world religion map', the book first focuses on nature, ethics and the environment. It examines humankind's eternal search for the sacred, and discusses the emergence of 'green' religion as a theme that cuts across many faiths. Next, the book turns to the theme of the pilgrimage, illustrated by many examples from all parts of the world. In its discussion of the interrelation between religion and education, it looks at the role of missionary movements. It explains the relationship between religion, business, economics and law by means of a discussion of legal and moral frameworks, and the financial and business issues of religious organizations. The next part of the book explores the many "new faces" that are part of the religious landscape and culture of the

Global North (Europe, Russia, Australia and New Zealand, the U.S. and Canada) and the Global South (Latin America, Africa and Asia)... The volume next turns to secularization as both a phenomenon occurring in the Global religious North, and as an emerging and distinguishing feature in the metropolitan, cosmopolitan and gateway cities and regions in the Global South..." Available for \$1,200 (3,932 pages, 869 illustrations) at: <http://www.springer.com/social+sciences/religious+studies/book/978-94-017-9375-9>.

Health and Well-being in Islamic Societies

(Springer International, 2014)

As ISIS marches across the Middle East, conducting ethnic cleansing, beheading Westerners, and rewarding their soldiers with women they've captured along the way –justifying these activities by pointing to the Qur'an – what exactly do Muslims believe? What is contained and stressed in the Qur'an? In this volume, Muslim beliefs and practices based on the Qu'ran and Hadith are outlined in detail, as are health-related Islamic practices and moral standards. Christian beliefs and health-related practices are also clarified, which are often poorly understood by Christians and non-Christians alike. Differences and similarities between Christian and Muslim beliefs and practices are examined. Much of this information will be a real eye-opener to readers.

After summarizing research on religiosity and health in Christians, the core of the book focuses on research on religiosity and health in Muslim populations and compares the health of Muslims with that of other religious groups. Topics covered include mental disorders (depression, suicide, anxiety, psychosis, alcohol and drug abuse/dependence), positive emotions (well-being, happiness, optimism, hope, sense of control), personality traits (extraversion, neuroticism, agreeableness, etc.), social factors (marital stability, social support, social capital), health behaviors (exercise, diet, weight, smoking), and physical health (heart disease, hypertension, stroke, dementia, immune function, endocrine function, diabetes, cancer, overall mortality, etc.). This is the first comprehensive review of research on religion and health in Muslim populations. The book concludes with applications for clinical practice and the need for cooperation between Muslims and Christians for the purposes of enhancing public health. Available for \$63.99 at: <http://www.amazon.com/Health-Well-Being-Islamic-Societies-Applications/dp/331905872X>

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 and pastoral counselors, 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. Spirituality and 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 University's Summer Research Workshop on Spirituality and

Health (see above), and is packed full of information helpful in performing and publishing research on this topic. Available (\$39.96) at: <http://templetonpress.org/book/spirituality-and-health-research>.

JOBS

Director of Community Pastoral Outreach

Sinai Hospital of Baltimore, the largest community hospital and the third largest teaching hospital in Maryland, is seeking a Director who will be responsible for (1) creating and maintaining an organizational framework and systems, which assure quality community-based religious support to improve the health and health access of the communities surrounding their facilities; (2) developing and implementing formal and informal cultural and educational opportunities for community clergy to connect with their congregants around health care disparities; (3) working cooperatively with hospital care management departments and population health community clergy to ensure that the community is connected to available health care support services; and (4) developing and maintaining the department's fiscal budget; plans, revises scope and emphasis of, and ensures implementation of community pastoral outreach. For more information, go to <http://www.lifejobs.org>.

Executive Director

Bishop Anderson House is an organization that advances healing by ministering to the sick and to those who care for them. It is affiliated with the Episcopal Diocese of Chicago, and provides a network of programs and institutional relationships that promote chaplaincy and spiritual care of patients and health care providers. With responsibilities for overall leadership of the organization and specifically for program oversight, staff supervision, board relations, budget oversight and fundraising, Bishop Anderson House seeks candidates for Executive Director. Qualifications: Ordained clergy OR medical professional OR educator with spiritual care credentialing. Salary range: \$85,000 – \$100,000, commensurate with qualifications and credentialing. Please submit resume and/or portfolio by November 21, 2014 to: search@bishopandersonhouse.org.

EDUCATION

Online Graduate Certificate Program on Applied Thanatology

The University of Maryland, Baltimore, is offering a new "Death, Dying, and Mourning" and is now accepting applications for the 2015 winter/spring semester. This 12-credit, three-course online program can be completed over the course of one year and is designed for busy health care professionals desiring greater competency and comfort levels working with those who are dealing with death, dying, and grief. The program is exclusively online, allowing people from all over the world to participate. For more information, go to <http://www.graduate.umaryland.edu/thanatology/index.html>.

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry (OFI)

The Templeton Foundation is now accepting letters of intent for research on spirituality and health between February 2, 2015 - April 1, 2015. If the funding inquiry is approved (applicant notified by May 1, 2015), the Foundation will ask for a full proposal that will be due September 1, 2015, with a decision on the proposal reached by December 21, 2015. 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 religion-integrated interventions that lead to improved health. More information: <http://www.templeton.org/what-we-fund/our-grantmaking-process>.

2014 CSTH CALENDAR OF EVENTS...

November

- 4-7 **Religion and Mental Health in China**
Ningxia Medical University
Yinchuan, China
Speakers: Koenig, Wang, others
Contact: Zhizhong Wang (wzhzh972034@gmail.com)
- 18 **Religion, Spirituality and Aging**
Symposia: Scientific Excursions and Diversions
Croasdaile Village, Durham, North Carolina (2:00-3:15)
Speakers: Koenig
Contact: Anthony Waraksa (ajw24@duke.edu)
- 19 **What Does Theology Contribute to our Understanding of Spirituality and Health?"**
Speaker: Christopher Cook, M.D., Ph.D.
Professor of Psychiatry, Professor of Theology
Durham University, England
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

December

- 17 **To Heal and Restore Broken Bodies**
Speaker: C. Scott Hultman, MD, MBA, FACS
Ethel and James Valone Distinguished Professor of Surgery
Chief and Program Director UNC Burn Reconstruction and Aesthetic Center
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

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