

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

LATEST RESEARCH OUTSIDE DUKE

Mental Health and Religion from an “Attachment” Viewpoint

Pehr Granqvist, from the department of psychology at Stockholm University in Sweden, has composed this article that argues for the role of attachment theory in helping to explain the relationships between religiosity and mental health. He emphasizes first that stress, absence of human attachment figures, and low social support increase the strength of the relationship between religion and mental health; second, that religion provides a “safe haven to turn to and a secure base to depart from”; and, third, that religion serves to attenuate grief resulting from loss of attachment figures or from having been insensitively cared for in earlier life. This theory is grounded on the “belief in a personal, loving God, with whom one experiences a close and secure relationship.”

Citation: Granqvist P (2014). Mental health and religion from an attachment viewpoint: Overview with implications for future research. *Mental Health, Religion & Culture* 17(8):777-793

Comment: This theoretical piece helps to articulate a key mechanism that may underlie the relationship between religion and mental health, and helps to establish a framework on which future research can be built. We have also argued that the “source” of the health benefits of religion, at least within monotheistic religious traditions, lies in attachment to God (see p. 587-588, *Handbook of Religion and Health*, 2nd ed, 2012). There is research that backs up these theoretical musings. For example, prayer appears to be more effective when it occurs in the presence of a secure relationship with God (*Journal for the Scientific Study of Religion* 2008; 47:644 – 659; *International Journal for the Psychology of Religion* 2010; 20:130 – 147; **see below**). There are measures now to assess this form of attachment (see *Journal for the Scientific Study of Religion* 2002; 41: 637-651; *Review of Religious Research* 2010; 51: 380-401; *International Journal of Psychiatry in Medicine* 2011; 41: 253-261).

Prayer, Attachment to God, and Anxiety

Researchers from the University of Texas and other institutions analyzed data collected on a nationwide probability survey of

1,511 U.S. adults (2010 Baylor Religion Survey). Their objective was to answer the questions: (1) Is the frequency of prayer associated with symptoms of anxiety-related disorders; and (2) is this association conditional on the nature of individuals’ attachment to God? Frequency of prayer was measured by asking the question: “About how often do you spend time alone praying, outside of religious services?” (never [1] to several times a day [6]). Attachment to God was measured using the Rowatt and Kirkpatrick (2002) 9-item measure. Anxiety was assessed using four 3-item measures: a generalized anxiety disorder scale, a social anxiety/social phobia scale, a measure of obsessions, and a measure of compulsions. Characteristics controlled for in the analyses were age, gender, race, marital status, education, and level of religiousness (religious attendance and self-rated religiosity). **Results** indicated that among those with a secure attachment to God, prayer was related to fewer symptoms of anxiety disorder; however, among those with an insecure attachment to God, prayer was related to more anxiety symptoms. Researchers concluded that: “the association between the frequency of prayer and anxiety-related symptoms may vary widely depending upon the nature of one’s attachment to God.”

Citation: Ellison CG, Bradshaw M, Flannelly KJ, Galek KC (2014). Prayer, attachment to God, and symptoms of anxiety-related disorders among U.S. adults. *Sociology of Religion* 75:208-233
Comment: See comment to the left.

Religious Involvement Among Young Adults in Denmark

Researchers in the Institute of Public Health at the University of Southern Denmark analyzed data on a population-based sample of 3,000 Danish men and women ages 20 to 40 (45% response), examining religious beliefs, activities, and coping behaviors. The final sample was 60% women and on average 29.1 years old; 82.6% were members of the Danish National Evangelical Lutheran Church. **Results:** With regard to beliefs, 7.6% of women and 4.9% of men said they know God really exists, whereas an additional 29.2% of women and 22.2% of men said they believe in God. Only 15.2% of women and 32.6% of men stated that they do not believe in some sort of spirit or in God. With regard to activities, 2.6% of women and 2.2% of men reported attending religious services weekly, and an additional 3.1% of women and 3.3% of men reported attending services once a month. However, 54.0% of women and 38.2% of men said that they pray to God outside of religious services, and 68.4% of women and 50.6% of men said that God is important in their lives. However, only 25.5% of women and 18.6% of men said that they find strength and comfort in religion, and 44.5% of women and 60.9% of men said they never pray to God. Nevertheless, 71.5% of women and 80.6% of men said that they sought God’s love and care during a crisis, and 73.6% of women and 77.3% of men said that they tried to see how God might be trying to strengthen them in the situation. With regard to negative religious coping during a crisis, 13.0% of women and 10.6% of men said that they wondered why God had abandoned them, 16.8% of women and 14.0% of men said they wondered what they had done for God to punish them, and 11.6% of women and 10.9% of men questioned God’s love for them.

EXPLORE...in this issue

1-4 LATEST RESEARCH

4 NEWS

4-5 EVENTS & RESOURCES

5-6 FUNDING Opportunities & CALENDAR

Citation: Hvidtjorn D, Hjelmberg J, Skytthe A, Christensen K, Hvidt NC (2014). Religiousness and religious coping in a secular society. *Journal of Religion and Health* 53:1329-1341

Comment: Although it is clear that the majority of young people in Denmark are not particularly religious, especially with regard to religious attendance, it is interesting that a significant minority pray to God outside of religious services and the majority say that God is important in their lives (more than say they believe in God!).

Trajectories of Change in Religious Involvement with Increasing Age in the Elderly

Taiwanese researchers analyzed data from six waves of the Florida Retirement Study to determine the trajectories of change in religious involvement with aging. Wave 1 (W1) was conducted in 1990-1999 with 1000 adults age 72 or older (age 72 to 98), followed by annual interviews conducted thereafter. Participants were recruited from three retirement communities in Florida, and almost all were white Caucasian. During Wave 5 (W5), two measures of religious involvement were administered: frequency of religious attendance ("During the past year, how often did you attend religious services?", with responses from never [0] to every day [7]) and self-rated religiosity ("Could you tell me how religious you consider yourself to be?", with responses ranging from not religious at all [1] to very religious [5]). Religious preference was also assessed (Protestant, Catholic, Jewish, and other). Covariates were gender, education, marital status, and income. Self-rated health was also assessed with a 3-item scale, and physical functioning by a 14-item scale of physical and instrumental activities of daily living. Growth curve modeling was used to analyze the trajectories of change in religious attendance and self-rated religiosity from 2005 (W5, n=583) to 2009 (W9, n=418). **Results** indicated little change in religious attendance from W5 (average 3.14) to W9 (3.09), although noted a slight increase in self-rated religiosity from W5 (average 3.46) to W9 (average 3.68). When other covariates were controlled for, self-rated religiosity was stable over time (B=0.02, p=ns), although religious attendance declined (B=-0.17, p<0.05). Those with higher income had a more rapid decline in religious attendance over time (B=-0.25), as did those with emphysema (B=-0.16). However, there was a significant increase in attendance over time in the "other" religious group (i.e., respondents who said other, refused, or none) compared to Protestants (B=+0.14).

Citation: Wang KY, Kercher K, Huang JY, Kosloski K (2014). Aging and religious participation in later life. *Journal of Religion and Health* 53:1514-1528

Comment: This study is interesting because of the population (adults in advanced age) and the yearly follow-up. Given that nearly 50% of the sample dropped out from 1999 to 2005, and an additional 28% dropped out between 2005 and 2009, participant attrition may have affected the results. Probably the most surprising finding was that those with higher incomes were more likely reduce their frequency of religious attendance over time. One would think that those with higher incomes have the resources to allow them to continue participating despite functional limitations. Apparently, it doesn't work that way.

Religious Involvement and Dementia

Investigators from the department of psychology at the University Francois Raelais in Tours, France, conducted a systematic review of research examining the effects of religion and spirituality on cognitive functioning, coping ability, and quality of life in persons with dementia. A total of 11 articles were identified and classified on the quality of their methodological rigor. In three articles, those who were more religious experienced a reduction or stabilization of their cognitive disorders. In the eight other articles, religious involvement enabled those with dementia to "accept their disease, maintain their relationships, maintain hope, and find meaning in their lives, thereby improving their quality of life."

Citation: Agli O, Bailly N, Ferrand C (2014). Spirituality and religion in older adults with dementia: A systematic review. *International Psychogeriatrics*, Aug 26, E-pub ahead of print

Comment: The results of this review are consistent with several studies also demonstrating that the usual cognitive decline associated with aging appears to be slower in those more actively involved in religion (frequent religious attendance, frequent prayer, etc.). How could the use of religion actually delay the progression of dementia or slow normal cognitive decline? There are both physiological and neuropsychological mechanisms that could help explain these effects, including hormonal changes associated with better coping with stress and the degree of cognitive complexity of religious activities involve ("exercising" parts of the brain related to the retention of memory).

Impact of Chaplain vs. Volunteer Visits in Patients with Congestive Heart Failure (CHF)

Researchers at Cedars Sinai Heart Institute at Cedars Sinai Medical Center in Los Angeles compared quality of life outcomes (depressive symptoms, physical/psychological symptoms, enjoyment/life satisfaction) in hospitalized CHF patients receiving chaplain visits vs. those receiving visits by volunteers. Participants were allowed to self-select themselves into each group (non-random assignment). Of the 23 patients who took part in the study, 14 self-selected into the chaplain-visited group and 9 into the volunteer-visited group. Participants were visited every day or every other day while in the hospital. Outcomes were assessed at baseline, 2 weeks, and 3 months from baseline. By the 2-week follow-up, 13 remained in the chaplain-visited group and 5 in the volunteer-visited group; by 3-month follow-up, only 6 remained in the chaplain-visited group and 1 person in the volunteer-visited group. **Results:** For the entire group (both chaplain-visited and volunteer-visited), mean depression scores fluctuated from 8.5 at baseline to 6.3 at 2-week follow-up to 7.3 at 3-month follow-up; FACIT-Sp scores gradually increased from 71.1 to 74.7 to 81.4; and enjoyment/life satisfaction scores increased from 47.2% to 53.6% to 72.4%. No comparison between groups was done.

Citation: Tadwalkar R, Udeoji DU, Weiner J, Avestruz L, LaChance D, Phan A, Nguyen D, Bharadwaj P, Schwarz ER (2014). The beneficial role of spiritual counseling in heart failure patients. *Journal of Religion and Health* 53:1575-1585

Comment: We would not recommend that readers cite this study as evidence for the benefits of chaplain visits during hospitalization. First of all, this was not a stellar study in terms of methods, design or execution (non-random allocation, very poor follow-up rate, failure to statistically compare outcomes between chaplain-visited and volunteer-visited patients). The poor methodology was likely due to lack of funding support. Second, the title of the study does not reflect the findings reported, as there appeared to be no difference between chaplain visited patients and volunteer-visited patients (in fact, chaplain-visited patients may have done a little worse in terms of depressive symptoms and degree of enjoyment/life satisfaction).

Religious Involvement by Health Professionals in Iran

Researchers from the Tehran University of Medical Sciences and Duke University examined the religious beliefs and attitudes of 720 nurses, medical students, and physicians at affiliated hospitals in Tehran (91% response rate). The average age of participants was 24.6 years, 61.7% were female, and 79.4% were physicians or physicians in training. Several religious measures were administered, including the Hoge intrinsic religiosity scale, the Trust and Mistrust in God scale, the negative RCOPE, and the DUREL. **Results** indicated relatively high levels of private religious activity (4.4 on a 1-6 scale). Women were more religious than men, and married persons were more religious than non-

married. Older age was associated with less negative religious coping but more mistrust in God. Higher level of training was associated with greater mistrust in God and lower religiosity on all measures (i.e., those with more experience were less religious). Likewise, all measures of religiosity were significantly higher in nurses than in physicians, although controlling for demographic factors reduced the differences to non-significance for all measures except the Hoge intrinsic religiosity scale, which remained significantly higher in nurses.

Citation: Hafizi S, Koenig HG, Arbabi M, Pakrah M, Saghazadeh A (2014). Attitudes of Muslim physicians and nurses toward religious issues. *Journal of Religion and Health* 53:1374-1381

Comment: This is one of the few reports documenting the religious beliefs and practices of health professionals in Iran. Relationships found here with demographic factors were similar to those in Western countries, where women tend to be more religious than men, married persons more religious than non-married, and nurses more religious than physicians. Also, apparently the rigors of medical training drive religion out of most trainees, just like it does in the West.

Religious Coping among Working Street Children in Harare, Zimbabwe

Samson Mhizha from the department of psychology at the University of Zimbabwe conducted qualitative interviews with 16 adolescents ages 12 to 18 and four officials in the Department of Social Welfare and adult street people (20 total). Given the HIV and AIDS epidemic and staggering socio-political-economic crisis in this country, children must generate income to ensure their own and their families' survival. **Results:** Many of these working street adolescents attended church services and had a high level of religious involvement. The churches that the working street children attended were mainly prophetic and Pentecostal church organizations. Children who were not doing well in their street work reported their businesses were being affected by evil spirits, by their colleague's magical charms, or they were bewitched by jealous relatives. Consequently, they tried to utilize religious remedies to solve their business problems. Some children believed that evil spirits were so powerful that they could affect not only a person's business and employment but also their health, marriage, and fertility. A number of children even paid tithes to their churches, believing that this would help them succeed in their street businesses, while others attended church regularly not to receive material benefits but for their own spiritual growth. A number of the children regarded themselves as active and regular members of churches and even claimed they were prophets. Many also believed that Pentecostal and prophetic spiritualists could help identify the source of their problems and provide remedies.

Citation: Mhizha S (2014). Religious self-beliefs and coping among vending adolescents in Harare. *Journal of Religion and Health* 53:1487-1497

Comment: This is an interesting report on a poor African country population group about which almost nothing is known, especially with regard to religious beliefs and how they relate to the working lives of young adolescents on the streets. A combination of both magical beliefs and sincere religious involvement was characteristic of the vending children interviewed.

Note: The Society of Behavioral Medicine's 35th Annual Meeting and Scientific Session held in Philadelphia, PA, on April 23-26, 2014, published abstracts of the presentations in the April issue of the *Journal of Behavioral Medicine* (<http://link.springer.com/journal/12160/47/1/suppl/page/1>). Several of these presentations involved religion/spirituality. We summarize a couple of those presentations below, since they represent the latest cutting edge research.

Religious Coping Buffers Effects of Bereavement/Divorce on Viral Load in HIV+ Patients

Researchers in the department of psychology at the University of Miami (Coral Gables) followed HIV positive patients for two years, assessing disease progression indicated by viral load in blood. They examined whether religious coping could buffer the negative effects of bereavement or divorce on viral load. All participants at study entry completed the COPE inventory, which assesses avoidant coping, approach coping, religious coping, and social support for coping. **Results:** Both religious coping ($B=-0.29$, $p=0.02$) and social support ($B=-2.75$, $p=0.05$) predicted a lower increase in viral load from baseline to following a stressful death/divorce, controlling for baseline viral load and use of antiretroviral medications. The researchers concluded that "The use of religion to cope and social support buffer the negative impact of bereavement or divorce on viral load in HIV."

Citation: Henry SM, Ironson G, Gonzalez B, Schneiderman N (2014). Buffers of impact of bereavement or divorce on viral load in HIV: Role of religious coping and social support. *Annals of Behavioral Medicine* 47 (1 Supplement, D-064): s260

Comment: Another intriguing report from Gail Ironson's group at the University of Miami. These investigators continue to demonstrate that religious characteristics of HIV+ patients affect disease progression (they have several publications examining the effects of religious measures on CD-4 counts and viral load in patients with HIV and AIDS).

Diabetes, Depression and Diabetic Control in Older Adults

Researchers from the University of North Texas analyzed data from the U.S. Health and Retirement Study to examine cross-sectional and longitudinal relationships between religious involvement, depression, and diabetic control in 2,539 diabetics. Data collected during Wave 8 (2008) and Wave 10 (2010) were examined. **Results** indicated that religiosity in 2010 was cross-sectionally related to fewer depressive symptoms ($r=-0.04$, $p<0.05$), number of weeks depressed ($r=-0.05$, $p<0.05$), and was positively associated with perceptions of diabetic control ($+0.04$, $p<0.05$). In the longitudinal analysis, religiosity in 2008 predicted fewer depressive symptoms in 2010 ($r=-0.04$, $p<0.05$). Religiosity was found to moderate the relationship between perceived diabetic control and number of weeks depressed. Among those with high religiosity (but not low), perceptions of diabetic control were not as strongly related to number of weeks depressed ($B=-0.04$, $p<0.05$). Authors concluded that, "Understanding how these constructs [religiosity] jointly influence diabetes management and psychological functioning is critical in that medical professionals may utilize such knowledge to enhance treatment outcomes."

Citation: Dzivakwe VG, Guarnaccia C (2014). Religiosity as a coping resource for depression and disease management among older diabetic patients. *Annals of Behavioral Medicine* 47 (1 Supplement, A-055): s17

Comment: Although the correlations are pretty weak, this is an important study because of the high quality of the data (U.S. Health and Retirement Study), large sample size, and because both cross-sectional and longitudinal analyses were reported.

Religion/Spirituality and Mental Health in Cancer

Researchers from Northwestern University Feinberg School of Medicine (Chicago) conducted a meta-analysis examining the relationship between religiosity/spirituality (R/S) and mental health in cancer patients. They identified 1,784 studies, of which 129 were eligible given their inclusion criteria. **Results:** The estimated mean correlation (r) between R/S and mental health was $+0.25$ (95% CI 0.21-0.29). This "effect size" varied depending on

whether the R/S measure was affective ($r=0.40$, $p<0.0001$), behavioral ($r=0.10$, $p=0.002$), or cognitive ($r=0.14$, $p<0.0001$). Factors that moderated this relationship included gender, sample origin, cancer type and stage.

Citation: Salsman JM, Nunoz AR, Pustejovsky JE, Jim HS, Park CL, Danhauer SC, Sherman AC, Goerge L, Merluzzi TV, Fitchett G (2014). A meta-analytic approach to examine the relationship between religion/spirituality and mental health in cancer. *Annals of Behavioral Medicine* 47 (1 Supplement, 11A-2043): s60

Comment: What is most interesting about this meta-analysis is that the strength of the association between R/S and mental health varied depending on the type of R/S measure. Note the high correlation between "affective" measures of R/S compared to behavioral or cognitive measures. Is it possible that affective measures of R/S were contaminated by questions assessing mental health, thus making these associations tautological in nature? The FACIT-Sp is one of the most commonly used measures of R/S in cancer patients, and it is clearly contaminated by mental health questions asking about meaning and peacefulness. If the FACIT-Sp were included among "affective" measures of R/S (unknown, since only abstract was available), then this would explain the finding above.

Religion/Spirituality and Social Quality of Life in Cancer

Researchers led by Thomas Merluzzi from the University of Notre Dame conducted a meta-analysis of studies examining the relationship between R/S and social quality of life (QOL). Out of 1,784 studies identified, 53 met the authors' inclusion criteria.

Results: The mean correlation (using an random-effects model) was +0.19 (95% CI 0.14-0.25). Again, as noted above, the effect size was much stronger for "affective" measures of R/S ($r=0.29$), compared to behavioral ($r=0.11$) or cognitive ($r=0.07$) measures. Factors that moderated the relationship were age and stage of illness.

Citation: Merluzzi TV, Sherman AC, Park CL, George L, Fitchett G, Jim H, Munoz A, Pustejovsky J, Danhauer S, Salsman JM (2014). A meta-analytic review of religion/spirituality and social QOL among cancer patients. *Annals of Behavioral Medicine* 47 (1 Supplement, 11C-2045): s61

Comment: See comment above regarding use of contaminated measures.

How does "Faith" Affect Quality of Life in Cancer Patients?

A study led by researchers at Biola University analyzed data from the American Cancer Society SCS-II study ($n=8,405$) to examine relationships between spirituality and quality of life. Spirituality was measured by the FACIT-Sp (as usual) and QOL by the SF-36, examining both the mental health component (MCS) and the physical health component (PCS). The Meaning and Peace subscales and the Faith subscale were measured and analyzed separately. Direct, indirect, and total effects of the Faith subscale on QOL were assessed and controlled for covariates. **Results:** The direct effect of Faith on MCS component of QOL, with Meaning and Peace subscale in the model, was $B=-0.05$, $p<0.001$. Thus, when Meaning and Peace were controlled for in the model, Faith had a negative or adverse effect on QOL-MCS component. However, when the indirect effects of Faith on QOL-MCS through Meaning ($B=+0.07$) and Peace ($+0.23$) were examined, Faith had a significant positive total effect on QOL-MCS ($B=+0.25$, $p<0.001$). Likewise, the direct effect of Faith on QOL-PCS (physical) when Meaning and Peace subscales were controlled for in the model was $B=-0.01$ (basically no effect). However, when the indirect effects of Faith through Meaning ($B=+0.03$) and Peace ($B=+0.04$) were examined, the total effect of Faith on QOL-PCS was positive and significant ($B=+0.07$, $p<0.001$).

Citation: Canada AL, Murphy PE, Fitchett G, Stein K (2014). How faith, meaning and peace affect quality of life (QOL) in survivors of cancer. *Annals of Behavioral Medicine* 47 (1 Supplement, PS19-3135): s176

Comment: Although we think the FACIT-Sp is a poor measure because it is contaminated with questions assessing positive mental health, there is a way to analyze the data that can compensate for this weakness. These researchers have done just that and analyzed the data correctly by considering the indirect effects of Faith through Meaning and Peace. If they had simply looked at the direct effects of Faith, they would have concluded that Faith had a negative effect on emotional QOL and no effect on physical QOL. However, including the indirect effects through Meaning and Peace, they found that Faith actually had a significant positive effect on both mental and physical QOL.

NEWS

New Care Act in the United Kingdom Emphasizes Beliefs

An amendment has recently passed Parliament that added "beliefs" to the definition of well-being in the Care Act (the latest health care act in the UK similar to Obama Care legislation in U.S.). When the healthcare act goes into effect in April 2015, the result will be that local authorities must include spiritual and religious beliefs in their duty to promote individual well-being. This applies to those providing palliative care, but is not limited to the end-of-life context. For more information about this important new legislation, contact Tony J. Lobl, Christian Science legislative and media liaison in the UK and Republic of Ireland (loblt@csp.com).

SPECIAL EVENTS

Spirituality, Health, and Health Disparities Symposium

(Harvard Medical School, Boston) (December 4, 2014)
This event is sponsored by Harvard's Catalyst Health Disparities Research Program and Harvard/MGH's Center on Genomics, Vulnerable Populations, and Health Disparities. The organizers describe the event as follows: "This transdisciplinary symposium will engage junior/senior faculty and post-docs from diverse disciplines and religious traditions to address the role of spirituality and religion in health and health disparities. Panels will address challenges in measuring religion/spirituality; biological pathways through which spirituality may operate to affect the etiology of disease; and the effect of spirituality on patients' decision-making, healthcare treatment, and healthcare outcomes across diverse communities. The goal of this symposium is to lay the groundwork for future research collaborations." For more information, go to website: <http://catalyst.harvard.edu/programs/disparities>.

Duke Spirituality & Health Research Workshop (Durham, NC) (August 10-14, 2015)

It's never too early to 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, but may only be available for those who register early. 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

Religion as a Social Determinant of Public Health (Oxford University Press, 2014)

As described on Amazon.com, "In *Religion as a Social Determinant of Public Health*, leading scholars in the social sciences, public health, and religion [examine] the embodied sacred practices of the world's religions, the history of alignment and tension between religious and public health institutions, the research on the health impact of religious practice throughout the life course, and the role of religious institutions in health and development efforts around the globe. In addition, the volume explores religion's role in the ongoing epidemics of HIV/AIDS and Alzheimer's disease, as well as preparations for an influenza pandemic. Together, these groundbreaking essays help complete the picture of the social determinants of health by including religion, which has until now been an invisible determinant." This is an edited text brought together by social scientist Ellen Idler, Ph.D., director of Emory University's Religion and Public Health Collaborative. Available for \$39.73 at: <http://www.amazon.com/Religion-Social-Determinant-Public-Health/dp/0199362211>.

Health and Well-being in Islamic Societies (Springer International, 2014)

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 summarized, and both differences and similarities to Muslim beliefs and practices are examined. 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 a plea for cooperation between Muslims and Christians in order to enhance 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>.

FELLOWSHIP

Post-doctoral Fellowship

The department of nursing at the University of Calgary, Calgary, Canada, is offering a post-doctoral fellowship position under the supervision of Shane Sinclair. This two-year fellowship begins in late 2014/ early 2015. The stipend is 50,000 CAN/year plus health benefits. The fellow will perform research on spirituality and compassion in oncology and palliative care settings (adult and/or pediatric). Research will consist of qualitative or mixed-methods and focus on compassion-based models, measures, and interventions. The ideal applicant has a Ph.D. and a strong background in the field of spirituality and health. For more information, go to website <http://www.ucalgary.ca/risingstars/postdoc>. Applications will be accepted starting Sept 15, 2014. Send applications to Sinclair@ucalgary.ca.

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry (OFI)

The Templeton Foundation is now accepting letters of intent for research on spirituality and health between August 1, 2014 - **October 1, 2014**. If the funding inquiry is approved (applicant notified by November 5, 2014), the Foundation will ask for a full proposal that will be due March 2, 2015, with a decision on the proposal reached by June 19, 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 religious-integrated interventions that lead to improved health. More information: <http://www.templeton.org/what-we-fund/our-grantmaking-process>.

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2014 Csth Calendar of Events...

October

- 10-12 **Religion, Spirituality and Health**
Quality of Life Symposium, Parkinson's Support Group
Sussex County, Southern Delaware
Presenters: Koenig and others
Contact: Paul Yngve (paulyingve@gmail.com)
- 16 **William S. Perper Health Community Partnership National Symposium**
Johns Hopkins Medical Institute
Baltimore, MD
Presenters: Dan Hale, Harold Koenig, others
Contact: Dan Hale (whale5@jhmi.edu)
- 21 **Religion, Spirituality and Health**
Sunnybrook Health Sciences Centre
Toronto, Canada
Speaker: Koenig
Contact: Anke Flohr (Anke.Flohr@sunnybrook.ca)
- 29 **Jewish Spirituality and Health**
Speaker: Rabbi Steven G. Sager, Ph.D.
Director, SICHA; Rabbi emeritus, Beth El Synagogue
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

November

- 4-7 **Religion and Mental Health in China**
Ningxia Medical University
Yinchuan, China
Speakers: Koenig, Wang, and Al Shohaib
Contact: Zhizhong Wang (wzhzh972034@gmail.com)
- 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)