

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

LATEST RESEARCH OUTSIDE DUKE

Religion and Depression in Later Life

Researchers from the department of gerontology at the Graduate School of Policy & Global Studies, University of Massachusetts, examined the onset and recovery from depression involving a sample of 7,732 older adults (mean age 68) who participated in the Health and Retirement Study, a nationally representative survey of U.S. adults over age 50. Participants were initially enrolled in 1992 and followed up every 2 years through 2012. The aim of this report was to examine the effect of religiosity on the development of depression and the recovery from depression between 2006 and 2008. Depression was assessed using the 8-item CES-D, with a cutoff of 3 or higher indicates increased likelihood of clinical depression. Religious characteristics assessed at baseline included frequency of religious attendance, number of friends and relatives in one's congregation, importance of religiosity, a four-item index of intrinsic religiosity, and frequency of private prayer. Covariates included age, gender, ethnicity, chronic health problems, social support, somatic events in past two years, self-reported health, and physical functioning (IADL's and PADL's), as well as alcohol abuse, history of psychiatric illness, stressful life events, and current residence in the community vs. nursing home. **Results:** Logistic regression controlling for other covariates indicated that those with a high frequency of religious attendance were significantly less likely to develop depression over the 2-year follow-up in 5,740 persons who were not depressed at baseline (OR=0.65, p=0.001). Among the 1,992 persons who were depressed at baseline, those engaged frequently in private prayer at baseline were significantly less likely to remain depressed when followed up two years later (OR=0.93, p=0.015). Compared to Catholics, those with a Jewish religious affiliation were more likely to remain depressed at follow-up (OR=2.1, p=0.04). Researchers concluded that "both organizational and non-organizational forms of religiosity affect depression outcomes in different circumstances (i.e., onset and recovery, respectively)."

Citation: Ronneberg CR, Miller EA, Dugan E, Porell F (2014). The protective effects of religiosity on depression: A 2-year prospective study. *The Gerontologist*, E-pub ahead of print

Comment: Given the large sample size, prospective design and reputation of that study (the HRS), and careful control for covariates, including both confounding factors and explanatory variables, this is an important study.

Spirituality as a Last Resort in Parents Caring for the Developmentally Disabled

Researchers in the department of psychology at the Centre for Social Issues at the University of Limerick and other UK universities interviewed 32 parents of children with severe developmental disabilities cared for at home. The purpose was to determine relationships between spirituality, social support, and depression in this setting. Both quantitative and qualitative methods were used to analyze and interpret the data. Diagnoses of children included autism (67%), Down syndrome (22%), and other miscellaneous developmental disorders. Spirituality was measured using the 20-item Beliefs and Values scale (King et al., 2006); social support by the 12-item Social Functions Scale; and depressive symptoms by the Hospital Anxiety and Depression Scale. **Results:** Controlling for work outside the home, results indicated the usual inverse relationship between social support and depressive symptoms. However, contrary to expectations, spirituality was both inversely related to social support (B=-0.43, p<0.01) and positively related to depressive symptoms (B=+0.56, p<0.001). Given these unexpected findings, researchers conducted qualitative interviews with 5 parents who scored high on depressive symptoms and high on spirituality, asking if they found their beliefs in God helpful, what kinds of situations they used spiritual beliefs for, and if they felt others were more supportive because of their spiritual beliefs. Consistent themes that arose during these interviews were that (1) spiritual beliefs were very helpful and without them parents could not have coped with the demands of caregiving; (2) spirituality was often used as a source of support when other sources of social support were lacking; and (3) spirituality was often used as a "last resort" when they had no other options left except turning to God who was always there.

Citation: Gallagher S, Phillips AC, Lee H, Carroll D (2014). The association between spirituality and depression in parents caring for children with developmental disabilities: Social support and/or last resort. *Journal of Religion and Health*, E-pub ahead of print.

Comment: Although small, this is an important study. The interviews took place in the United Kingdom, where studies frequently find either no association between religiosity/spirituality (R/S) and depression, or find a positive association linking R/S to greater depression (as in the present study). Those earlier studies, however, did not take the additional step of conducting qualitative analyses to explain why. The present study makes it clear that spirituality was often turned to only after other avenues had failed and as a last resort in coping with overwhelming situational stressors. Despite this, spirituality was often reported as an indispensable coping resource. Because spirituality is often only turned to in this part of the world when people's coping resources are exhausted (i.e., after they become depressed), these findings suggest that in places like northern Europe with low levels of religiosity, depression is often driving R/S involvement,

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not vice-versa (helping to explain why inverse relationships between mental health and R/S are seldom reported).

Schizophrenia or Possession

In a highly controversial article written by M. Kemal Irmak from Gulhame Military Medical Academy in Ankara, Turkey, the author asks the question of whether a demonic world might underlie some symptoms reported by people with schizophrenia. Irmak states that 25% of patients with schizophrenia are resistant to anti-psychotic medications and that an additional 30-40% are left with residual symptoms despite anti-psychotic treatment. People with schizophrenia often hear voices, and those voices often say “bad things” about him or her. They may report that their feelings, thoughts, or movements are controlled by others, and that someone is putting thoughts in their head that are not their own. The author suggests that the hallucinations in schizophrenia could be “a false interpretation of a real sensory image formed by demons.” He cites studies that indicate that demonic possession is often accompanied by hearing voices and deceiving delusions. The author also claims that a local faith healer in his region helps people with schizophrenia and that the patients whom the healer treats are free of symptoms within 3 months. Irmak concludes that demonic possession should be considered as a possible etiology for schizophrenia and that mental health professionals should work with faith healers in the treatment of patients with this disorder.

Citation: Irmak MK (2014). Schizophrenia or possession. Journal of Religion and Health 53:773-777

Comment: After the publication of this article, there was outcry from members of the clinical and academic community saying that this article should never have been published. Although we disagree that demonic possession is a cause of schizophrenia, such discussions should not be silenced given the fact that many devout believers around the world adhere to this explanation, especially in the southern Asia and the Middle East where the author comes from. Indeed, not only did Jesus expel demons from a person who appeared to have mental illness (and with good results), but an entire chapter of the Qur’an (Surat 72 “Al-Jinn”) is about Jinn (who can be demon-like figures who are believed to possess people and cause mental illness). In many Islamic countries, in fact, people will take relatives with mental health problems first to the faith healer, long before they take them to the psychiatrist. One reason for widespread uneasiness among clinicians when someone suggests that demonic possession is a cause of schizophrenia is the abuse resulting from such beliefs in the past (exorcism, persecution, failure to refer, etc.).

Islam and Diet

M.Z. Hossain from the College of Economics and Political Science at Sultan Qaboos University in Oman summarizes what Islam says about diet, including foods that are allowed and those that are forbidden. The information provided is based on the Holy Qur’an and the sayings of the Prophet Mohammed. In particular, he links allowed foods to health and vigor, and forbidden foods to disease and illness. According to Hossain, only four foods are strictly forbidden in Islam: dead animals (those that have been found dead), blood, flesh of swine, and meat sacrificed to idols. In contrast, Islam encourages the eating of fruits (grapes and dates) (16:67), salads and vegetables (6:99), the meat of cattle (16:5), fowl (56:21), and fish (35:12), and fresh milk (16:66). He indicates that based on the Qur’an and Sunnah of the Prophet, there are 30 kinds of animal meat that are good for health and 33 that are bad for health. He also notes that the Qur’an emphasizes moderation in eating and drinking and discourages gluttony (“extravagance”) (7:31). For example, the Prophet (according to Bukhari) said that “The food for two persons is sufficient for three, and the food for three persons is sufficient for four” (suggesting that one should stop eating before the stomach is completely full). Finally, Hossain explains why alcohol is forbidden in Islam, indicating that drinking

alcohol as “the mother of all sins” because it makes people susceptible to all other sins (i.e., lowering inhibitions).

Citation: Hossain MZ (2014). What does Islam say about dieting? Journal of Religion and Health 53:1003-1012

Comment: This is a comprehensive and concise summary of forbidden and recommended foods in Islam. The article is particularly useful because it explains why Islam considers certain foods as “haram”, while encouraging the consumption of others.

Breast Cancer Screening in Ultraorthodox Jewish Women

In this qualitative-phenomenological study, faculty in the School of Social Work, University of Haifa, interviewed 19 women ages 25-60 from two major ultraorthodox communities in Israel. All women had at least a high school education and half had some college (13 working outside the home). Nearly two-thirds (12 of 19) reported never having performed a breast self-exam; 14 women did not go to their physicians for clinical breast exams; and of 4 women old enough to have mammograms, two never had a mammogram. Three main themes were identified: (1) faith in God and in religious lifestyle as protecting them from breast cancer; (2) importance of the Rabbi as guide and advisor; and (3) importance of the religious community. Seeking medical attention was viewed as a sign of lesser faith and over-reliance on the medical system, with some women indicating that tests were not necessary because God would not allow them to become ill. When asked about how to promote adherence to screening, women indicated that substantial change could only occur through engagement with Rabbis.

Citation: Freund A, Cohen M, Azaiza F (2014). The doctor is just a messenger: Beliefs of ultraorthodox Jewish women in regard to breast cancer and screening. Journal of Religion and Health 53:1075-1090

Comment: This article emphasizes the importance of dialogue between medical professionals and rabbis in the Jewish ultraorthodox community, and reflects more generally the need for health professionals to dialogue with clergy, especially when their patients are members of religious congregations that have distinct views about religion and health (including Muslims and conservative Christians, as well as members of some Eastern traditions).

Religious Coping in Taiwan among Folk Religions

Y.J. Liu from the General Education Center at Fooyin University in Taiwan conducted qualitative interviews with 10 participants from three types of folk religions that involved worship of a deified person (Mazu, Wangye, Guandi, etc.), ancestors and natural deities (earth, sun, moon), and involvement in temple festivals, universal salvation ceremonies, shamanistic rituals, and some forms of fortune telling. These folk religions are popular and widespread in Taiwan and China. Participants ranged in age from 30 to 65, and eight of the 10 were women (including 4 university professors, a researcher, and a nurse). Religious coping was organized in terms of belief (use of religious beliefs to find meaning), ritual (use of religious rituals to take control), ethics (cultivating oneself to improve future karma), and emotions (seeking support and intimacy from dieties and others, use of religious symbols/amulets for protection). Liu identified 14 folk religion coping methods overall that were used to cope with difficult circumstances. She concluded that while the religious beliefs, culture, and rituals of Taiwanese folk religions are very different from Christianity, methods of religious coping are similar in a number of ways.

Citation: Liu YJ (2014). Religious coping methods of Taiwanese folk religion. Journal of Religion and Health 53:1138-1145

Comment: An interesting article on how religion is used to cope with stress and loss in non-traditional religions of the Far East. The beliefs and practices of folk religions are often integrated with those of mainline religions common to this region of the world

(Buddhism, Shintoism, Daoism, etc.). Almost no research exists on the health benefits (or risks) associated with such forms of religious coping.

Religious Coping among Women in Prison

Researchers in sociology at Tennessee State University conducted qualitative interviews with 21 women (average age 63) who were serving life sentences (20 of 21 for murder; 57% white). The goal was to examine the role religion played in the lives of these women. **Results:** About half of participants attended religious services regularly before incarceration. A consistent theme during interviews with all of these women was the importance of religiosity/spirituality in the ability to cope with prison life and to maintain hope.

Citation: Adaya RH, Krabill JJ, Deaton-Owens D (2014). Religion in the lives of older women serving life in prison. *Journal of Women & Aging* 26:238–256

Comment: An interesting study in a population group about which we know almost nothing, especially with regard to religion, coping, and mental health.

Spiritual Care in the ICU

Researchers surveyed 275 family members of 494 patients who died in the ICU (56% response) and 57 chaplains providing spiritual care to patients and family (91% response). The study took place in a 65-bed ICU located in a 350-bed tertiary care teaching hospital. The surveys asked about satisfaction with spiritual care and satisfaction with ICU care more generally. **Results** indicated that (1) discussions with chaplains about patients' wishes regarding end-of-life care and (2) greater number of spiritual care activities were associated with significantly greater overall family satisfaction with ICU care. The discussions above, along with preparations for a family conference, were associated with improved family satisfaction with overall decision-making in the ICU. Researchers concluded that spiritual care activities by chaplains in the ICU improved satisfaction with ICU care more generally and ICU decision-making in particular.

Citation: Johnson JR, Engelberg RA, Nielsen EL, Kross EK, Smith NL, Hanada JC, O'Mahoney SK, Curtis JR (2014). The association of spiritual care providers' activities with family members' satisfaction with care after a death in the ICU. *Critical Care Medicine*, May 2, E-pub ahead of print

Comment: A well done study with a large sample size that documents the benefits of spiritual care by chaplains to family members after death of a loved one in the ICU. A next step might be to examine ICU lengths of stay and costs in patients/family who receive spiritual care by chaplains vs. those who do not.

NEWS

Bridge Building between the American Psychiatric Association and Faith Communities

In a remarkable meeting on July 11th at the APA headquarters in Arlington, Virginia, 40 mental health and faith community leaders got together to begin a joint project to improve ties between psychiatrists and clergy. Former congressman Patrick Kennedy, co-sponsor of the Mental Health Parity and Addiction Equity Act, spoke at the event and described his own recovery from alcohol and substance abuse through spirituality. This inaugural event was the first meeting of the "Mental Health and Faith Community Partnership" group, which is a collaboration between psychiatrists, clergy, and advocacy groups aimed at fostering dialogue between these groups and promoting the addressing of spiritual issues in mental health care settings. Another focus was to help educate clergy about mental disorders, as well as lead to more collaboration between mental health professionals and clergy in the treatment of mental disorders. Attending this meeting was

APA president Paul Summergrad, M.D., and APA CEO and medical director Saul Levin, as well as Mark Perricello, president and CEO of the American Association of People with Disabilities (AAPD), Ginny Thornburgh, director of the AAPD Interfaith Initiative, and Annelle Primm, director of APA's Division of Diversity and Health Equity. Several psychiatrists committed to the field of spirituality and mental health were also present, including James Lomax (Baylor), James Griffith (George Washington University), and John Peteet (Harvard). Religious leaders from Christian, Jewish, and Islamic traditions were also present, including Catholic priest Patrick Howell, UCC pastor Alan Johnson, Rabbi David Saperstein, Rabbi Edythe Mencher, and Sayyid Syeed, MD, of the Islamic Society of North America. For the full article on this historic meeting, see *Psychiatric News* (APA newspaper) 2014; 49 (15/Aug 1):1,34-35.

During a follow-up meeting held on July 29th, APA and faith-based leaders decided on next steps that will involve three short-term projects: (1) creating a webpage for the Mental Health and Faith Community Partnership on the APA website, including links to resources, articles, press coverage, video footage, etc.; (2) developing a program for the APA Institute on Psychiatric Services meeting on Oct 30-Nov 2, 2014, that will highlight the intersection of Mental Health and Faith; and (3) initiating programs at the APA Annual Meeting on May 16-20, 2015, in Toronto, Canada.

Emerging Tools for Innovative Providers 2014

Approximately 100 healthcare professionals attended this 5-day workshop held at Fuller Theological Seminary, Pasadena, designed to help participants integrate patients' spiritual beliefs into clinical practice. The workshop was attended by physicians, nurses, counselors, and healthcare chaplains. Ken Pargament, Jeff Dusek, Kevin Reimer, and Harold Koenig gave presentations on brief spiritual interventions that might help to counteract the physiological changes associated with the stress response (responses that many patients experience in acute medical settings). Participants had an opportunity to do a spiritual assessment and hone their interview skills on medical actors who played the role of non-religious stressed patients. On the final day of the conference, six work groups consisting of 8-10 participants presented their projects on developing brief spiritual interventions that had been worked on throughout the week. At the conclusion of the workshop, many participants reported having "sacred moments" of their own, including the presenters.

Duke University's Spirituality and Health Research Workshop 2014

The 5-day workshop held in mid-August this year was attended by over 50 researchers from a wide range of disciplines (medicine, surgery, nursing, social work, chaplaincy, counseling, pastoral care, psychology, sociology, gerontology, immunology, palliative care, religious studies, law and business), levels of training (professors to graduate students to undergraduate students), and from countries around the globe (Canada, Nigeria, South Africa, United Kingdom, Finland, northwest China, Australia, Azerbaijan). Everyone learned a lot and had a good time, especially meeting and developing relationships with others who often were quite different from themselves in ethnicity, belief, and background. Career decisions were made, tools and resources were shared, and plans for conducting many future research studies were solidified. If you have not attended one of these workshops, reserve August 10-14, 2015, on your calendars and come.

SPECIAL EVENTS

Symposium on Faith and Health (London, UK) (Sept 25, 2014)
Government, academic and faith agencies are releasing a new report on evidence for faith and health at this symposium on the role of faith communities in improving health in disadvantaged communities in the UK. *Faith Action*, a strategic partner of the Department of Public Health in England (the National Public Health agency), will launch this report which (1) reviews the scientific evidence on links between public health (including mental health) and faith; (2) reviews the contribution of faith communities in the public health agenda (and for promoting health within faith communities); and makes recommendations for national and local policymakers in the UK. Professor Kevin Fenton, National Director of Public Health in England, will be one of the attendees and has reviewed and endorsed the report to be presented. Psychologists, public health scientists and theologians are among the discussants. The event is to be held at Heythrop College, University of London. Besides launching the research report, the symposium seeks to ensure that health colleagues meet and discuss the report with faith colleagues (South Asian Health Forum coming, Sikh health work coming) and to make plans for a larger event in 2015. The intention is to have a high-quality discussion around questions such as how faith helps or hinders the development of good mental health, or compliance with treatment; does the idea of faith have a part to play in a secular, evidence-based health system; and how can faith communities can act as settings in which health-based work can take place. For more information, go to: <http://www.faithaction.net>.

Faith Meets Medicine (Payson, Arizona) (October 17-19, 2014)
Open to physicians, nurses and other healthcare providers, and offering 12 CEU credits, this local conference is focused on practical ways to integrate spiritual care into a total healthcare approach. Speakers include Michael McLaughlin, western regional director of CMDA; Georgia Cohen, RN, international speaker; Judith Hunt, MD, from Banner Health; and Paul Liu, MD, from Phoenix Children's Hospital. To find out more and register for the conference, go to website: <http://www.GodTalksRX.com>.

RESOURCES

Religion, Spirituality, and Positive Psychology (Praeger, 2012)
This volume, edited by Thomas G. Plante, Ph.D., brings together scholars from an array of disciplines who have applied cutting-edge research techniques to determine the effects of faith on health. Through thoughtful, evidence-based reflections, this insightful book demonstrates the positive benefits of spiritual and religious engagement, both for individual practitioners and for society as a whole. The book covers Buddhism, Christianity, Islam, Judaism and other major traditions across culture in two sections. The first section focuses on ways in which religious and spiritual engagement improves psychological and behavioral health. The second highlights the application of this knowledge to physical, psychological, and social problems. Each chapter focuses on a spiritual "fruit," among them humility, hope, tolerance, gratitude, forgiveness, better health, and recovery from disease or addiction, explaining how the fruit is "planted" and why faith helps it flourish (*description adapted from Amazon.com*). Available for \$43.20 at: http://www.amazon.com/Religion-Spirituality-Positive-Psychology-Understanding/dp/0313398453/ref=sr_1_29?s=books&ie=UTF8&qid=1411111111&sr=1-29&keywords=Religion%2C+spirituality+and+health.

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 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 / FELLOWSHIPS

Child/Adolescent Psychiatrist

The Center of Anxiety specializes in providing culturally- and spiritually-sensitive treatment and therefore many of patients (> 50%) are from the Orthodox Jewish community. The Center's Child Anxiety Program (CAP) invites applications for a child and adolescent psychiatrist. This is a part time (10-20 hours/week; 500-1000 hours/year) starting in September, 2014 at our brand-new Brooklyn location. This position requires no evening or weekend hours and will provide a great deal of clinical autonomy and scheduling flexibility. Duties will include providing psychopharmacology consultation and management to children and adolescents (ages 2-17) presenting with anxiety,

affective, attentional, and behavioral disorders, and working closely and collaboratively with our multidisciplinary team to provide comprehensive, evidence-based, mental health treatment. Qualifications include: (1) MD or DO degree from an accredited medical college or university; (2) completion of residency by the start of employment; (3) physician's license in the State of New York by the start of employment; and (4) commitment to, and love for, providing evidence-based treatments to children. Interested candidates should send a letter of interest, Curriculum Vitae and 1-2 letters of recommendation to Regine Galanti, Ph.D. via email at info@centerforanxiety.org.

Chief Executive Officer

The Hope and Healing Institute and Center seeks a Chief Executive Officer. Located in Houston and founded by St. Martin's Episcopal Church, the Hope and Healing Institute and Center is a 501(c)3 private, nonprofit focused on delivering best practices and thought leadership as well as programmatic support for individuals and families emotional, mental, spiritual and physical health and well-being. The Chief Executive Officer will be responsible for ensuring that the Hope and Healing Institute and Center mission, vision and programs continue to expand and thrive while sustaining and enhancing relationships with the medical, academic, non-profit and local communities as well as with benefactors, volunteers, government entities and other key constituents. The CEO will provide overall strategic leadership to HHI/C, and day-to-day guidance and mentorship to HHI fellows and staff. For more information, please contact hopeandhealing@heidrick.com.

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.

CALL FOR ABSTRACTS

Medicine and Religion

The Program on Medicine and Religion at the University of Chicago invites abstracts for the 4th Annual Conference on Medicine and Religion to be held on March 6-8, 2015, at the Hyatt Regency Cambridge in Cambridge, MA. Abstracts are being requested for 60-minute panel and workshop sessions, 20-minute paper presentations, and posters that address issues at the intersection of medicine and religion, including but not limited to the conference theme. We also invite student participation in an essay contest. All proposals must be submitted online by 4pm CST, Thursday, October 23, 2014. For more information go to: <http://www.MedicineandReligion.com>.

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>.

Partner with Us

The Center needs your support to continue its mission and outreach.

Website:

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

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2014 Csth Calendar of Events...

September

- 17 **Religious Involvement and Suicide in China**
Speaker: Zhizhong Wang, Ph.D. (with Harold G. Koenig)
Associate Professor, Department of Epidemiology and Statistics, School of Public Health, Ningxia Medical University, Yinchuan, China
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 22 **Spirituality and Aging Panel**
Yoga Professional Conference, 10:00-12:00 noon
Presenters: Krucoff, Purcell, Koenig
Duke Integrative Medicine Center, Durham, NC
Contact: Kimberly Carson (Kimberly@yogaofawareness.org)
- 25 **Spirituality and Health**
Eisenhower Army Medical Center
Augusta, Georgia
Presenter: Koenig
Contact: Chris Strychacz (christopher.p.strychacz.ctr@mail.mil)
- 30-Oct 1 **Spirituality and Palliative Care State of the Science Research Conference**
Presenters: Steinhauser, Balboni, Koenig, others
Duke Integrative Medicine Center, Durham, NC
Contact: Karen Steinhauser (Karen.Steinhauser@duke.edu)

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)