

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

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April 2013

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

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

LATEST RESEARCH AT DUKE

Systematic Review of Religion, Spirituality and Mental Health

The authors systematically review original research on religion, spirituality and health between 1990 and 2010 published in the top 25 journals in psychiatry and neurology (based on the ISI journals citation index 2010). The purpose was to provide a comprehensive review since the systematic reviews published by Larson in 1986 and 1992 in the American Journal of Psychiatry. Of the 43 publications located, thirty-one (72%) found an inverse relationship between level of religious/spiritual involvement and mental disorder (positive), eight (18.6%) found mixed results (positive and negative), and two (4.7%) reported more mental disorder (negative). With regard to specific disorders, all studies on dementia, suicide and stress-related conditions found a positive association, as well as 79% of papers on depression and 67% of papers on substance abuse. Only a few studies focused on schizophrenia or bipolar disorder, and the findings were mixed, with either no association or a negative one. Using levels of evidence criteria, researchers concluded that: "There is good evidence that religious involvement is correlated with better mental health in the areas of depression, substance abuse, and suicide; some evidence in stress-related disorders and dementia; insufficient evidence in bipolar disorder and schizophrenia, and no data in many other mental disorders."

Citation: Bonelli RM, Koenig HG (2013). Mental disorders, religion, and spirituality 1990-2010: A systematic evidence-based review. *Journal of Religion and Health*, Feb 19 [E-pub ahead of print]

Comment: This is the latest review of religion, spirituality and mental health, and should be of interest to readers interested in the relationship between religion and mental disorders.

Why Care About Empirical Research on Religion and Health? (Commentary)

Senior faculty in the Departments of Medicine, Psychiatry, Psychology, Sociology, and the Divinity School at Duke University came together to write this commentary on how research on religion, spirituality and health (RSH) informs researchers and practitioners in each of these respective disciplines, especially as they interface with gerontology. Besides emphasizing the broad relevance of research on RSH to many clinical and academic audiences in gerontology (i.e., addressing the "so what" question), this discussion provides ideas about where this research might focus on in the future.

Citation: George LK, Kinghorn WA, Koenig HG, Verhey A, Gammon P, Blazer DG (2013). Why care about empirical research in spirituality and health? Trans-disciplinary Perspectives. *The Gerontologist*, Feb 26. [Epub ahead of print]

Comment: A thoughtful commentary by our research group at Duke's Center for Spirituality, Theology and Health.

LATEST RESEARCH OUTSIDE DUKE

Are the Health Benefits of Religious Attendance Due to Social Factors Alone?

Researchers in the Department of Sociology at McGill University, Canada, and University of Louisville, KY, conducted a meta-analysis and meta-regression of studies examining the effects of social participation, religious and non-religious, on mortality. They identified 74 studies that had examined the relationship between social participation and mortality, finding that low social participation was associated with an increased risk of mortality (HR=1.26, 95% CI 1.21-1.31). However, whether social participation was measured by attendance at religious services or by involvement in non-religious social activities, the risk of mortality was the same (HR=1.32 for low religious attendance, 95% CI 1.24-1.41, compared to HR=1.25 for low non-religious social participation, 95% CI 1.17-1.33). In the meta-regression, the effect of low social participation was also, curiously, not influenced by gender, socioeconomic or health status. They concluded that "the positive health effects of religious participation may largely be attributed to the social participation component, rather than to the religious component of the act."

Citation: Shor E, Roelfs DJ (2013). The longevity effects of religious and nonreligious participation: A meta-analysis and meta-regression. *Journal for the Scientific Study of Religion* 52 (1):120-145

Comment (a long one!): According to Terrence Hill (sociologist at Florida State University), the methods in this study are good, but there is a problem with the interpretation and conclusions. This paper is based on several false premises. First, no one says that religious participation is more beneficial to health than social participation; this is because they are causally related (one predicts the other). Second, the religion-health literature is clear that religious participation benefits health through religious AND

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secular mechanisms. However, everyone wants to pit religion against other psychosocial resources, but these types of questions are motivated by political interests, not theory, particularly in this journal readership. Third, and related to the second premise, this study does not examine the mechanism by which religious attendance extends longevity (which may be quite different than the way social participation does so). Therefore, the conclusion of the authors is incorrect.

Here are other reasons for the results as well. Here are some of them (HK). First, separating out religious social participation from non-religious social participation is not so easy to do (i.e., many studies include religious participation as a component of general social participation without naming it, or there may be an overlap in participation, such that those who participate in non-religious social activities also participate in religious social activities); second, religious participation is often the last type of social involvement that people stop doing as their health progressively deteriorates (placing religious attendees in a higher risk group); and third, one of the reasons that religious people participate in social activities is because of their religious nature (i.e., they might otherwise not participate in any social activities and thus be in the high risk group). The finding also conflicts with reports from many individual studies that have controlled for non-religious social involvement and found that religious attendance independently predicts longevity. Those studies suggest that about 15% of the effect of religious attendance can be explained by greater social support, whereas 35% is due to better health behaviors and the remainder by non-specific factors related to the religious component (i.e., greater meaning and purpose, better psychological health, etc.) (see Handbook of Religion and Health, 2012). Actually, the authors don't even examine social support in this meta-analysis, only frequency of social participation (although sometimes social support is measured in part by frequency of social participation).

Religious Beliefs and Self-Care in Diabetic African-Americans

Researchers at Chicago State University and University of Chicago surveyed 132 African-Americans with type 2 diabetes regarding their religious/spiritual (R/S) beliefs and self-care activities concerning their diabetes. The majority of participants were 67% women, average age 52, average BMI of 34 (obese), and unmarried (89%). Participants were excluded if they had advanced complications of diabetes, prior renal transplant, significant coronary heart disease or stroke. Six diabetes self-care activities were assessed using a standard measure that asked about general diet (following a healthful eating plan), specific diet (diet of fruits or vegetables, high-fat foods, full-fat dairy products), exercise, blood-glucose testing, foot care, and smoking. R/S beliefs were assessed using the 15-item Systems of Belief Inventory that was composed of subscales I (10 items measuring beliefs and practices, SBI-I) and II (5 items measuring support received from religious communities, SBI-II). Results indicated that participants were a fairly religious group: 83% believed in God (vs. 92% of the U.S. population), 80% believed that one's life and death followed a plan from God, and 83% of those who needed help turned to their religious/spiritual community for support. Self-care activities were significantly and positively correlated with SBI-I and SBI-II, respectively: $r=+0.27$ ($p<0.005$) and $+0.35$ ($p<0.001$) for general diet; $r=+0.17$ ($p=0.06$) and $+0.24$ ($p<0.01$) for specific diet; $r=+0.11$ (ns) and $+0.15$ ($p=0.09$) for exercise; $r=+0.08$ (ns) and $r=0.11$ (ns) for blood glucose testing; and $r=+0.14$ (ns) and $+0.24$ ($p<0.01$) for foot care. There was surprisingly no relationship with smoking. Regression analyses (including both SBI-I and SBI-II in the model), controlling for age, gender, and income, revealed that SBI-II scores were significantly related to a better general diet, a better specific diet, and better foot care, but were unrelated to exercise or blood glucose testing. Investigators concluded that "self-care activities may be improved if spiritual

support is included in a diabetes treatment plan."

Citation: Watkins YJ, Quinn LT, Ruggiero L, Quinn MT, Choi YK (2013). Spiritual and religious beliefs and practices and social support's relationship to diabetes self-care activities in African-Americans. *The Diabetes Educator*, Feb 14. [Epub ahead of print]
Comment: Self-care activities are crucial in diabetics to avoid the horrendous complications of this disease. Given that 4.9 million diabetics in the U.S. are non-Hispanic Blacks aged 20 or older, the results of this study are important and widely applicable.

Changes in Spiritual Well-being Over Time in Patients with Lung Cancer

Researchers at the Mayo Clinic in Rochester, Minnesota, have been assessing spiritual well-being in patients with lung cancer over the past 10 years. In this report, they examine changes in spiritual well-being over 10 years in this cohort study. Since January 1, 1997, all patients with confirmed lung cancer at the Mayo Clinic have been asked to complete surveys at baseline and at 6 and 12 months, and then annually thereafter ($n=1,578$). Spiritual well-being (SWB) was assessed using the 12-item FACIT-Sp. During the 10-year period covered by this report, 31% of patients completed one, 28% completed two, 33% completed three, and 7% completed four assessments. FACIT-Sp scores were converted to a scale ranging from 0 to 100. SWB scores were high and stable during the 10-year period (average 77.1-79.3, SD 14.5-18.5). Although the average SWB score change was only -0.2, the change score ranged from -75.0 to 66.7 (large variation). Furthermore, stream plots of individual score change demonstrated a chaotic picture of increases and decreases of SWB over time (only the graph in Fig 2 of the article gives justice to this statement). Nevertheless, overall, the vast majority of participants indicated that life was productive (84-92% across time points) and that they had a reason for living (87-94%). Predictors of low SWB were gender (men), current smoking, and higher pack-year history of smoking. Researchers concluded that "SWB is an individualistic experience that can change dramatically over time for cancer survivors."

Citation: Frost MH, Novotny PJ, Johnson ME, Clark MM, Sloan JA, Yang P (2013). Spiritual well-being in lung cancer survivors. *Supportive Care in Cancer*, Feb 19 [Epub ahead of print]

Comment: Although the FACIT-Sp is not my favorite measure, given its overlap with mental health, the findings from this study are interesting. Particularly interesting is that Mayo Clinic researchers are tracking changes in SWB over time in the lung cancer patients, which should produce useful information as their sample grows and the follow-up period lengthens.

Faith, Distress and Mental Adjustment in Cancer Survivors in Denmark

Investigators at the Danish Cancer Society Research Center and University of Copenhagen analyzed cross-sectional data involving 1,043 cancer survivors to assess the relationship between mental health, spiritual well-being (SWB) (existential well-being and faith), and aspects of religious belief and participation. Most common cancers of participants were breast (42%) and colorectal (16%), and 76% were women. Mental health was assessed by the POMS-SF (measure of emotional distress) and the Mini-MAC (measure of adjustment to cancer). Spiritual well-being (SWB) was assessed using the 12-item FACIT-Sp; religious attendance using the first item of the DUREL; and specific aspects of belief in God were also examined. Most participants were members of the Evangelical-Lutheran Church (83%); the majority believed in God (59%); and 12% attended religious services at least a few times per month. Analyses were controlled for gender, age, cancer diagnosis, social and physical well-being. Results indicated that the "peace" and "meaning" subscales of the FACIT-Sp were related to less emotional distress and better adjustment to cancer (not surprisingly!). The "faith" subscale of the FACIT-Sp (the more

distinctively religious dimension) was also related to increased vigor-activity, more of a fighting spirit, less anxious preoccupation, and less hopelessness-helplessness. Belief in God, belief in a personal God who can be talked with, and having experiences related to God or a higher power, however, were inconsistently related to mental distress and poor adjustment to cancer. Researchers concluded that higher SWB, including the faith component, was associated with less emotional distress and better adjustment.

Citation: Johannessen-Henry CT, Deltour I, Bidstrup PE, Dalton SO, Johansen C (2013). Associations between faith, distress and mental adjustment -- a Danish survivorship study. *Acta Oncologica* 52:364-371

Comment: This study demonstrates a relatively high level of religious involvement (affiliation and belief in God) for cancer patients in this highly secular country of northern Europe. Although the measures of mental health are somewhat difficult to interpret, results seem to indicate that religious faith was related to better adjustment to cancer, especially having a "fighting spirit," belief in God was related to greater tension/anxiety and anxious preoccupation (perhaps a result of turning to God in response to these negative emotions).

Talbinah and Depressive Symptoms in Older Adults in Malaysia

Researchers at the School of Health Care Sciences at the University of Kebagsaan in Kuala Lumpur, Malaysia, conducted a randomized clinical trial to test the effects of Talbinah on depressive symptoms in 30 depressed older adults. Talbinah is a barley syrup cooked with milk and sweetened by honey. In Islam, according to the Hadith by Al-Bukhari, "Aisha [the wife of the Prophet Mohammad] used to recommend At-Talbina for the sick and for such a person as grieved over a dead person. She used to say, "I heard Allah's Apostle saying, 'At-Talbina gives rest to the heart of the patient and makes it active and relieves some of his sorrow and grief'" [see website: <http://i-cias.com/textarchive/bukhari/071.htm>]. Participants were 21 men and 9 women from a long term care facility (average age 67). Thirty-six participants with GDS-R-12 scores of 3 or higher were randomized to the intervention group (given one serving of Talbinah on a daily basis in addition to their regular diet for three weeks) (n=18) or a control group (n=18). After the three week period, participants in the intervention group were withdrawn from the Talbinah and underwent a one week washout, after which those in the control group were given three weeks of the Talbinah (cross-over trial). There were 6 dropouts. Participants were assessed for depression (GDS-R, DASS-D), anxiety (DAS-A), stress (DAS-S), mood (POMS), and nutritional status at baseline, 3, 4, and 7 weeks of follow-up. Results indicated a significant decrease (before vs. after) in the intervention group on depression (GDS-R, DASS-D), stress (DAS-S), and total mood disturbance (TMD) scores, including lower scores on the POMS anxiety and tension, depression and dejection, anger and hostility, fatigue, and confusion-bewilderment subscales. No significant changes were found in the control group. The authors acknowledge that a limitation of the study was that it lacked blinding and placebo design (although all scales were self-administered). Researchers concluded that Talbinah may reduce depression, relieve stress, and enhance mood among the institutionalized elderly.

Citation: Badrasawi MM, Shahar S, Manaf ZA, Haron H (2013). Effect of Talbinah food consumption on depressive symptoms among elderly individuals in long term care facilities, randomized clinical trial. *Clinical Interventions in Aging* 8:279-285

Comment: This fascinating cross-over randomized clinical trial seems to show that Talbinah, a food with substantial religious significance, appears to benefit institutionalized older adults with depressed mood. Future double-blinded randomized placebo-

controlled trials are needed to verify the benefits of this simple and inexpensive treatment for mild-moderate depression.

Is Medicine a Spiritual Vocation? (Commentary)

Alan Astrow, a Director and physician in the Department of Medicine, Division of Oncology and Hematology, at Maimonides Medical Center in Brooklyn, NY, has written an articulate piece on how the pressures of medicine as a "business" interact with and impinge on the humanistic and spiritual values that motivate many physicians to choose this profession. He discusses the impact of the Affordable Health Care Act and its emphasis on efficiency and cost savings, and how this will likely influence the time that physicians spend with patients. He talks about his own struggles to maintain spiritual values in such a healthcare system, as well as his interactions with devoutly religious patients who are fighting to survive, yet for whom he can do little to stop the progression of cancer. Astrow emphasizes the toll that medicine as a business has taken on physicians, mentioning a survey that found high rates of psychiatric disorder (28%) in oncologists, and mentions steps that can be taken to avoid burnout. He also discusses the unique aspects of medicine that make it more than just a "humanistic" vocation but a "spiritual" one.

Citation: Astrow AB (2013). Is medicine a spiritual vocation? *Society* 50 (2): 101-104

Comment: Well worth reading for any physician in practice today.

Spirituality in the Patient-Surgeon Relationship

Investigators from the Departments of General Surgery, Mathematics & Statistics, and Orthopedic Surgery at the University of South Alabama, surveyed the attitudes of general and orthopedic surgery outpatients regarding their religious beliefs, spiritual practices, and personal faith, particularly as it concerns their surgeons. A total of 361 patients (151 from general surgery and 223 from orthopedic surgery clinics) completed the 15-item questionnaire, with a response rate of 97% [only 4 patients from GS and 9 patients from OS refused to participate]. Mean age of the sample was 48, 63% were female, 64% Caucasian, and 42% had at least some college. Results indicated that 80% of participants were Christian, 71% prayed daily, 46% read scriptures weekly, and 50% attended religious services at least monthly (vs. 60% for U.S. in general). With regard to their surgeon, 83% agreed that "Surgeons should be aware of their patients' religious beliefs"; 63% agreed that "Surgeons should take a spiritual history"; and 66% agreed that "If my surgeon inquired about my religious beliefs my trust in him/her would increase." Overall, general surgery patients were somewhat more likely than orthopedic surgery patients to respond favorably to surgeon inquiry about religious beliefs. Researchers concluded that "the majority of patients perceived that knowledge of religious beliefs, spiritual practices, and faith traditions are a legitimate component of a patient-surgeon relationship."

Citation: Taylor D, Mulekar MS, Luterman A, Meyer FN, Richards WO, Rodning CB (2011). Spirituality within the patient-surgeon relationship. *Journal of Surgical Education* 68(1):36-43

Comment: Although this study took place in the Bible Belt of the U.S. (southern Alabama) and was not systematic (i.e., a convenience sample), the number of patients in the sample was reasonably high (over 350) and the response rate was remarkable (97%). As other surveys have shown, about two-thirds of patients believe that it is appropriate for their physician (surgeons in this case) to take a spiritual history so that they will be aware of their religious and spiritual beliefs.

What Makes Patients Receptive to Physicians' Addressing Spiritual Issues?

Researchers in Brazil examine factors that influence whether or not a patient is receptive to a physician who addresses spiritual issues as part of patient care. They surveyed 300 outpatients

(88% response) attending a tertiary care hospital in Santos, Brazil (near Sao Paulo on the coast) with a staff of approximately 400 physicians. The 13-item questionnaire assessed age, gender, type of clinic, religious beliefs, behaviors of physicians regarding religion/spirituality in their care, and patient attitudes concerning their willingness to discuss spiritual issues with their physician. Participants were 69% female and mean age was 52 years. With regard to religious activity, 44% attended services at least once a week, 66% engaged in private religious activity at least once daily, and the majority had a high level of intrinsic religiosity (typical for patients in this part of the world). Two-thirds of patients (69%) indicated that they would like their physician to address spiritual/religious (S/R) issues, and 66% indicated that doing so would have a positive influence in their coping with illness and treatment response. In the vast majority of cases (77%), their doctors had never addressed these issues, and most (94%) believed that their doctors were not prepared to address S/R. Over half (54%) indicated that they did not feel comfortable themselves bringing up S/R with their doctors. Path analysis was used to identify factors predicting whether they wished their physician to address S/R issues. Patients who were most receptive to physician inquiry were those who had a physician in the past addressed S/R issues with them, were frequently engaged in private religious activities such as prayer and scripture reading, and indicated they thought S/R issues influenced their health.

Citation: Banin LB, Suzart Nb, Guimaraes FAG, Lucchetti ALG, Santo de Jesus MA, Lucchetti G (2013). Religious beliefs or physicians' behavior: What makes a patient more prone to accept a physician to address his/her spiritual issues? Journal of Religion and Health, Feb 19 [Epub ahead of print]

Comment: This is the first study, to my knowledge, that has examined factors predicting whether patients are receptive to physicians' addressing spiritual issues from the patient's perspective. Interestingly, those who engaged more frequently in private religious activities, those who believed that spirituality influences their health, and prior experience of a physician addressing spiritual issues were the main predictors. All of this makes sense, and having it documented may help guide Brazilian physicians in this regard.

Negotiating Religious Differences in Pastoral Care (Commentary)

Wendy Cadge (author of Paging God -- see Feb newsletter) and Emily Sigalow in the department of sociology at Brandeis University discuss the dilemma that chaplains face in trying to provide pastoral care to those of many different religious faiths, often quite different than their own. How do chaplains address the religious issues of patients that may come into conflict with their own religious beliefs? As the authors point out, this becomes particularly tricky when a requirement for chaplain board certification involves endorsement by a specific religious group. Many hospitals now operate on an "interfaith model" where chaplains are assigned to certain units of the hospital and are responsible for seeing patients from all different religious faiths who are hospitalized on that unit. The authors conducted interviews with 20 staff chaplains at a large academic medical center in a religiously diverse northeastern city, chaplains who were themselves religiously diverse coming from Protestant, Catholic, Jewish, Muslim, and Unitarian faith traditions. They found that chaplains usually implement one of two strategies: neutralizing or code-switching. Some chaplains focus on commonalities that all faith traditions possess (neutralizing), whereas others "code-switch," talking with patients entirely from the perspective of the patient's religious faith. Often, one or the other of these strategies works well, but not always -- depending on the patient, the chaplain, and the situation. The authors discuss the benefits and downsides of each approach.

Citation: Cadge W, Sigalow E (2013). Negotiating religious differences: The strategies of interfaith chaplains in healthcare. Journal for the Scientific Study of Religion 52(1):146-158

Comment: This is a great article not only for healthcare chaplains, but also for any health professional wishing to address spiritual issues in a clinical practice that involves patients from a variety of religious backgrounds (increasingly the norm in the U.S.).

NEWS

New APA Journal: *Spirituality in Clinical Practice*

Psychologists Lisa Miller (Columbia University) and Len Sperry (Florida Atlantic University and Medical College of Wisconsin) are co-editing a new APA journal "Spirituality in Clinical Practice." It is scheduled to publish its first quarterly issue in January 2014. The Journal will publish full length articles, commentaries and responses, case studies, and reflections on spirituality in mental health, health and wellness. Managing editor is Alexandra Jordan, and those wishing to submit an article for consideration can reach her at e-mail: Alexandra.Jordan@gmail.com.

New Psyche and Faith Journal

Psyche & Geloof (Psyche & Faith) is a Dutch scientific journal of religion and mental health, which is edited by Dr. P.J. Verhagen, Secretary of the World Psychiatric Association Section on Religion, Spirituality and Health. Since 2011, the journal has been publishing articles that address the interface between psychiatry, psychology, theology and philosophy (and is indexed in PsycINFO). They are now requesting papers for a special issue on how religion helps people cope with chronic psychiatric and chronic medical conditions. One purpose of this issue is to discuss how people with schizophrenia or bipolar disorder cope with these long lasting conditions. For more information, contact Arthur Hegger (athegger@telfort.nl).

Longitudinal Mental Health Study of North American Jews

Readers are alerted to a new major longitudinal study directed by David Rosmarin, Ph.D., at Harvard. The objective is to recruit 500 Jewish adults ages 18 and older from the U.S. and Canada into a 3-year study that explores the role that Jewish religiousness plays in mental health and well-being. Persons receive up to \$45 for participating. Participation involves completing a series of web-based questionnaires and experimental tasks, as well as a phone-based interview. The goal is to enroll 300 non-Orthodox Jews (150 men and 150 women) and 200 Orthodox Jews (100 men and 100 women). To learn more about this study, go to website JPSYCH.com or send an e-mail to research@jpsych.com.

David B. Larson Fellowship

The John W. Kluge Center at the Library of Congress is currently accepting applications for the David B. Larson Fellowship in Health and Spirituality. The fellowship involves conducting full time research on-site at the Library of Congress for a period of 6-12 months. The Library of Congress is the nation's oldest federal cultural institution and the largest library in the world, holding 151.8 million items in various languages, disciplines and formats. Applicants must be U.S. citizens or permanent residents and have a doctorate degree by the deadline date (Ph.D., M.D., Sc.D., Dr.P.H., D.S.W., P.Psy, D.S.T., Th.D., or J.D.). The stipend is \$4,200 per month. **The deadline is April 17, 2013.** More information regarding eligibility and available stipend is on the Kluge Center website, <http://www.loc.gov/loc/kluge/fellowships/larson.html>.

SPECIAL EVENTS

2nd Annual Conference on Medicine and Religion (Chicago, May 28-30, 2013)

Sponsored by Farr Curlin's Program on Medicine and Religion at the University of Chicago, the Conference provides a forum for scholars and health care professionals to ask what it means to care and how religious traditions and practices inform possible answers to the question – particularly those in Judaism, Christianity, and Islam. It is being held at the Westin Michigan Avenue in Chicago. Keynote speakers include Najah Bazy, RN, David Novack, PhD, Aasim Padela, MD, Warren Reich, PhD, and John Swinton, PhD. For more information, go to <http://pmr.uchicago.edu/2013-conference>.

1st Annual Rodney Stark Lecture in the Social Sciences and Religion (Baylor, TX) (April 17, 2013)

Ken Pargament will be delivering the 1st annual lecture at Baylor University's Institute for Studies of Religion. Besides addressing the definition of spirituality, he will also review research that suggests (1) people are motivated to preserve and protect what they hold sacred; (2) the sacred is a resource to people; (3) the sacred is linked with powerful spiritual emotions and psychosocial benefits; and (4) the search for the sacred can also take destructive paths. For more info, go to <http://www.baylorisr.org/>.

Emerging Tools for Innovative Providers: Interdisciplinary Applications from Spirituality and Health Research (Pasadena, CA) (July 22-26, 2013)

Preparations are now being made to hold a 5-day conference at Fuller Theological Seminary in Southern California on how to integrate the latest findings from spirituality and health research into clinical practice. Presenters will include Ken Pargament and others in the field of spirituality and health, as well as experts in psychoneuroimmunology and childhood trauma. Save the date, as this will be a truly dynamic conference and will include lots of hands-on activities and workshops. For more information, view the Utube video <http://www.youtube.com/watch?v=sUsZuVvbmQ> or contact Bruce Nelson at NELSONBR@ah.org.

Duke Summer Spirituality & Health Research Workshops (Durham, NC) (August 12-16, 2013)

Register now to ensure a spot in our 2013 research workshop on spirituality & health. The workshop is designed for those interested in conducting research in this area or learning more about the research that has already been done. Those with any level of training or exposure to the topic will benefit from this workshop, from laypersons to graduate students to full-time professors at leading academic institutions. Over 600 persons have attended this workshop since 2004. Individual mentorship is being provided to those who need help with their research or desire career guidance. Partial **tuition scholarships** will be available for those with strong academic potential and serious financial hardships. For more information, see website: <http://www.spiritualityhealthworkshops.org/>.

RESOURCES

Spirituality and Psychiatry Newsletter

The World Psychiatric Association (WPA) Section on Religion, Spirituality and Psychiatry has begun publishing a newsletter titled Psyche & Spirit. The latest February issue and past issues can be downloaded from <http://www.religionandpsychiatry.com/>. This 12-page newsletter covers many topics from around the world, with a focus on Latin America and Europe. The February issue contains abstracts on spirituality and psychiatry that were presented at the 2012 WPA International Congress meeting in Prague. Also

included is a description of a symposium on spirituality and psychiatry at the 30th Brazilian Congress of Psychiatry, the largest meeting of psychiatrists in Latin America.

The Oxford Handbook of Psychology and Spirituality (Oxford University Press, 2012)

Edited by psychologist Lisa Miller at Columbia University, this is an impressive volume. Amazon describes the book as follows: "Post-material spiritual psychology posits that consciousness can contribute to the unfolding of material events and that the human brain can detect broad, non-material communications. In this regard, this emerging field of post-material psychology marks a stark departure from psychology's traditional quantum measurements and tenets. *The Oxford Handbook of Psychology and Spirituality* codifies the leading empirical evidence in the support and application of post-material psychological science. Sections in this volume include: personality and social psychology factors and implications; spiritual development and culture; spiritual dialogue, prayer, and intention in Western mental health; Eastern traditions and psychology; physical health and spirituality; positive psychology; and scientific advances and applications related to spiritual psychology. With chapters from leading scholars in psychology, medicine, physics, and biology, *The Oxford Handbook of Psychology and Spirituality* is an interdisciplinary reference for a rapidly emerging approach to contemporary science." See <http://www.amazon.com/dp/0199729921> (\$126.29).

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

This book summarizes and expands the content presented in the *Duke Research Workshop on Spirituality and Health*, and is packed full of information necessary to conduct research in this area acquired over 25 years by the author. Book available for purchase (\$39.96) at: <http://templetonpress.org/book/spirituality-and-health-research>. For a comprehensive review of this text, see Matthew Porter's review in the December 2012 online edition of *Journal of Religion and Health* (<http://link.springer.com/article/10.1007/s10943-012-9666-x>).

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

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

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry (OFI)

The Templeton Foundation will be accepting the next round of letters of intent for research on spirituality and health between **August 1 and October 1, 2013**. If the funding inquiry is approved (applicant notified by November 5, 2013), the Foundation will ask for a full proposal that will be due March 3, 2014, with a decision on the proposal reached by June 20, 2014. More information: <http://www.templeton.org/what-we-fund/our-grantmaking-process>

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

2013 CALENDAR OF EVENTS...

Apr

- 4 **Spirituality and Health: An Integrated Approach**
Iowa Methodist Medical Center Conference
Des Moines, Iowa
Presenter: Harold G. Koenig, M.D.
Contact: Bob Green (GreenRW@ihs.org)
- 24 **Islam and Health**
Presenter: Jen'nan Read, Ph.D.
Associate Professor, Department of Sociology, Duke
University
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 29-30 **Religion, Spirituality and Health**
Gammon Heatherly Series, Fort Sanders Regional Medical
Center
Knoxville, Tennessee
Presenter: Harold G. Koenig, M.D.
Contact: Randy Tingle (rtingle@covhlth.com)

May

- 7 **Epidemiology of Religion, Spirituality and Health**
Harvard School of Public Health, 12:30-1:30
Boston, Massachusetts
Presenter: Harold G. Koenig, M.D.
Contact: Dr. Tyler J. VanderWeele
(tvanderw@hsph.harvard.edu)
- 29 **Shamans, Drums and the Bio-Cultural Origins of Spirituality
and Healing**
Presenter: Kenneth Wilson, M.D.
Professor, Microbiology; Associate Professor, Medicine-
Infectious Disease
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)