

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

Volume 3

Issue 2

August 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 July 2013) go to: <http://www.spiritualityandhealth.duke.edu/publications/crossroads.html>

LATEST RESEARCH

“Search for God” and Survival After Liver Transplantation

Researchers at the Institute of Clinical Physiology and Liver Transplant Unit at the University of Pisa in Italy interviewed 179 patients receiving liver transplantation beforehand and then followed them up for an average of 21 months after transplant, examining the effects of religious coping behaviors on length of survival. Viral hepatitis and hepatocellular carcinoma were the most common reasons for transplant. The study was initiated because clinicians observed that numerous patients had reported “a profound return to religion and spirituality” in the context of their severe disease and surgery. Eleven approaches to religious coping were assessed. Factor analysis revealed three major dimensions of coping: “searching for God” (an active process of seeking God’s help, having faith in God, trusting in God, seeking God’s will in the disease), “awaiting God” (a passive process of letting God solve their problems, waiting for God to provide solutions), and “fatalism” (coping by belief in destiny). During the course of follow-up, 18 of 179 patients died. Among sixteen demographic, physiologic, clinical and coping factors examined, characteristics that predicted greater mortality were age (older), education (higher), length of time in ICU after surgery (longer), units of blood needed during surgery (more), and searching for God (less) (results uncontrolled). Among those indicating an active search for God (n=89), only 7% died compared to 20% of other patients (n=90). In multivariate analyses, only searching for God (low) (HR=2.95, 95% CI 1.05-8.32, p=0.04) and length of stay in the intensive care unit after surgery (HR=1.05, 95% CI 1.01-1.08) independently predicted greater mortality. Researchers concluded that religious behaviors involving an active search for God predicted greater survival in patients undergoing liver transplantation: “faith as a way of coping is a real resource for seriously ill patients and helps to improve their prognosis.”

Citation: Bonaguidi F, Michelassi C, Filippini F, Roval D (2010). Religiosity associated with prolonged survival in liver transplant recipients. *Liver Transplantation* 16:1158-1163

Comment: Although a slightly older study, the results are intriguing. Patients who indicated an active search for God’s help and more faith and trust in God, were nearly three times more likely to

survive during the 21-month follow-up period after liver transplantation, a finding that was independent of medical and surgical factors.

Denmark is a Long, Long Ways from Italy

Investigators in the department of psychology at Aarhus University in Denmark surveyed 97 patients admitted to the hospital with acute coronary artery syndrome, examining changes in religiosity, importance of faith, and religious coping in the context of a life-threatening heart condition. Relationships between measures of religious faith and depression were also examined both cross-sectionally and at 6-month follow-up. Participants were 72% male, mean age was 61 (range 28 to 76), and 95% non-immigrants/descendants. Although 73% claimed a Christian affiliation, 70% indicated “no” to the question “Do you believe in a personal God,” 83% denied having thought more about religious considerations since being hospitalized, 73% indicated “not at all” to a question asking about whether they received comfort from religious or spiritual beliefs (only 5% indicated “a lot”), and when asked whether they prayed or meditated, 70% said “not at all” (6% indicated “a lot”). There were few changes during the 6-month follow-up; in fact, faith in a spiritual power significantly decreased. No relationship was found with depressive symptoms either at baseline or follow-up. Researchers indicated that their findings probably **overestimated** patients’ religiousness since no patients were recruited from Denmark’s capital region, where people are even less religious.

Citation: Bekke-Hansen S, Pedersen CG, Thygesen K, Christensen S, Waelde LC, Zachariae R (2013). The role of religious faith, spirituality and existential considerations among heart patients in a secular society: Relation to depressive symptoms 6 months post acute coronary syndrome. *Journal of Health Psychology* [Epub ahead of print]

Comment: Well, the secularization of northern Europe appears almost complete based on this study of patients admitted with a life-threatening cardiac event (80% with an acute myocardial infarction). If there was ever a time when religious considerations might arise, one would think that this would be it. Not in Denmark. I wonder what the survival rate is for Danish patients who undergo liver transplant surgery?

Spiritual Beliefs, Mental Health and Mortality at the End of Life in the UK

Researchers examined 170 patients with terminal illness (97% with end-stage cancer) receiving palliative care at home in London, UK. Participants were surveyed at study entry, and then 3 and 10 weeks later (with 137 completing 3 wk F/U and 113 completing 10 wk F/U), and were then followed for the next 34 months to collect data on mortality. Spiritual beliefs were assessed using the 20-item Beliefs and Values Scale (BVS) developed by Michael King. The BVS was developed to “facilitate a distinction between religious and spiritual belief.” Some items involved more traditional religious concepts (“I believe there is a God”), while others involved broader spiritual concepts (“I feel most at one with the world when surrounded by nature”). Mental health was measured using the Hospital Anxiety and Depression Scale (HADS). Results indicated little change in spiritual beliefs from baseline to 3-week or

EXPLORE...in this issue

1-4 LATEST RESEARCH

4 NEWS

4-5 EVENTS & RESOURCES

5-6 FUNDING Opportunities & CALENDAR

10-week follow-up. Psychological distress at baseline was the only predictor of change in spiritual beliefs over time (increased spiritual belief). There was no relationship between spiritual beliefs and HADS scores or use of psychotropic medication at baseline or follow-up. However, those with spiritual belief scores below 40 (low spiritual belief) had over twice the mortality as those with a spiritual belief scores greater than 40 (high spiritual belief) (HR=2.19, 95% CI 1.30-3.70) during the first 6 months of follow-up. The latter finding remained significant after controlling for numerous other predictors of survival (HR=2.45, 95% CI 1.42-4.22, p=0.001). Spiritual belief had no effect on survival beyond 6 months (when the force of mortality among these terminally ill patients overwhelmed all other influences).

Citation: King M, Llewellyn H, Leurent B, Owen F, Leavey G, Tookman A (2013). Spiritual beliefs near the end of life: A prospective cohort study of people with cancer receiving palliative care. *Psycho-Oncology* [E-pub ahead of print]

Comment: This is a very well done, analyzed and presented study led by a top psychiatric researcher. However, there is concern that the short follow-up period of 3 to 10 weeks did not allow sufficient time for significant changes in spiritual beliefs or mental health variables, especially given the high dropout or death rate (34% by 10 weeks). Also interesting was that psychological distress predicted an increase in spiritual beliefs (and was the only significant predictor of increased belief). This means that changes in spiritual belief in response to psychological distress may have concealed any psychological benefits derived from that belief. Physical health benefits, however, were more obvious. Low spiritual belief at baseline more than doubled the risk of mortality during the first 6 months of follow-up, a finding that seemed to be downplayed by researchers. Finally, the measure of spiritual belief in this study—since it was watered down by items assessing very broad spiritual beliefs (in contrast to distinctive religious belief)—may have been too superficial to detect real spiritual change as these individuals approached death. “Belief” alone is very different from “action.”

Positive Self-Transcendent Emotions Lead to Greater Spirituality

Given the low religiosity/spirituality in northern Europe, perhaps there are ways to generate more of it. Researchers at the Catholic University of Louvain, Belgium, and the University of North Carolina at Chapel Hill, examined whether spirituality might be stimulated or increased in the presence of self-transcendent positive emotions. This is the reverse of what is usually assumed, i.e., that negative experiences lead to greater spirituality as people turn to religion as a coping behavior. Investigators experimentally increased self-transcendent emotions and then measured changes in spirituality. The first study involved 90 Catholic adults (mean age 31) who were randomly assigned to one of three conditions: Group A, in whom self-transcendent positive emotions were experimentally increased; Group B, in whom non-self-transcendent positive emotions were experimentally induced through laughter (positive emotion control); and Group C, which served as a neutral emotion control condition. Investigators administered a questionnaire at baseline and then after seven days re-contacted participants. Participants in Group A were asked to recall "a specific time when you saw a manifestation of humanity's 'higher' or 'better' nature, an act of virtue or moral beauty. This could be by having seen somebody helping a person in need or in a difficult situation, in real life or on television." Members of Group B were asked to remember a specific time when they laughed a lot. Participants in both of these groups were asked to take a few moments to immerse themselves again in the event, remember how they felt, and then describe in 3-6 lines the event and the feeling. Group C control participants were asked to remember the last time they went to a movie and describe the physical path they took from leaving home to sitting down in the theater. Spirituality

was assessed in all three groups at baseline and after the interventions by a scale indicating degree of agreement to the statement: "Spirituality is important in my life." Results indicated that Group A's spirituality increased marginally more than the neutral control Group C (p=0.06) and significantly more than the laughter control Group B (p=0.04). This effect was mediated by an increase in "meaning in life," and was especially strong in non-religious participants. A second study randomized 95 students (mean age 18) to one of four conditions: Group A watched a video of a founder of a charity that fights racism or hunger by concrete actions (to elicit self-transcendent positive emotions); Group B watched a video of Susan Boyle singing (to elicit the emotion of admiration); Group C watched a funny video (mirth control); and Group D watched a video of how to make beer (neutral control). When spirituality was measured using Piedmont's self-transcendence scale after the video, those in Group A again scored higher on spirituality than members of the other groups, an effect that was mediated by "belief in the benevolence of others and the world." Researchers concluded that certain positive emotions can elicit spiritual beliefs, even in those who are not religious.

Citation: Van Cappellen P, Saroglou V, Iweins C, Piovesana M, Fredrickson BL (2013). Self-transcendent positive emotions increase spirituality through basic world assumptions. *Cognition and Emotion*, in press [E-pub ahead of print]

Comment: An interesting experimental study suggesting that spiritual beliefs may not only elicit positive emotions but may themselves be induced by certain self-transcendent positive emotions. As usual, definitions of spirituality and self-transcendent positive emotions had some overlap making conclusions a bit tentative. Nevertheless, the finding that self-transcendent positive emotions might help to increase spiritual beliefs in non-religious persons is certainly noteworthy (and perhaps especially relevant in a secular society).

Religion and Coping among Prisoners in France

France is a largely secular society. But, is this true also for prisoners? Investigators interviewed a consecutive series of 32 inmates at a short-stay prison in Bois d'Arcy, France, of whom 30 consented to participate. Spirituality/Religion (S/R) was assessed using the 32-item World Health Organization Quality of Life – Spirituality and Religion Personal Beliefs Scale (WHOQOL-SRPB), which measures eight domains: spiritual connectedness, meaning of life, awe, wholeness and integration, spiritual strength, inner peace, hope, optimism, and faith. Prisoners were also asked if their faith helped them to cope with being in prison, and if their spiritual beliefs or practices had changed since being imprisoned. Mean age of the sample was 32, and most were of low socioeconomic status and unemployed; this was their 3rd incarceration on average. Half of the sample was Muslim (50%), and most of the remainder were atheists/agnostics (20%) or Catholic (23%). With regard to religious practices, 53% reported they participated in them during childhood; likewise, about half had engaged in religious practices during the time they were in prison. When compared to the general population in France, faith scores among prisoners were higher, although meaning, hope, optimism, and peace scores were substantially lower. Many (40%) reported that religious beliefs were important for coping with their current problems, preventing suicide, and preventing further criminal behavior. In contrast, 23% had a negative view of religion, arguing that it was the cause of wars and violence. Nearly half (43%) said that religion was the most important topic that they discussed during exercise periods. Among those who believed in God (83%), the majority (53%) described God as loving, caring and forgiving, whereas only 7% said that God had punished or abandoned them. Interestingly, 70% were unable to define the word spirituality or said they had never heard of the word.

Citation: Mandhouf O, Aubin HJ, Amirouche A, Perroud NA, Huguélet P (2013). Spirituality and religion among French

prisoners: An effective coping resource? [International Journal of Offender Therapy and Comparative Criminology](#) [E-pub ahead of print]

Comment: Although a small study with likely poor generalizability, this gives a glimpse of the religious life of inmates in a European prison, most of whom were repeat offenders. How interesting that over half (53%) described God as loving, caring and forgiving, and only 7% said they felt punished or abandoned by God.

Spirituality and Life Satisfaction Among Older Adults in Australia

Researchers analyzed data involving 324 community-dwelling older adults participating in the Melbourne Longitudinal Studies on Healthy Aging. This study started in 1994 and continued with biannual exams up through 2008. The present report examines remnants of the 1000 member cohort initially surveyed in 1994 who survived through 2008 (when mean age of this remnant was 84). Data for this report are taken from the 2004 and 2008 examinations. Cross-lagged panel analysis was used to examine the relationships between spirituality, sense of coherence, social support, and life satisfaction over this 4-year period. Spirituality was measured using Pamela Reed's 10-item Spiritual Perspective Scale. Two aspects of Sense of Coherence (SOC) were assessed: SOC-meaningfulness (4 items) and SOC-comprehensibility (5 items). Also assessed was social support. The outcome of particular interest was life satisfaction, measured by a standard 5-item scale. Results indicated that spirituality in 2004 was positively related to greater life satisfaction indirectly through greater SOC-meaningfulness, but was inversely related to life satisfaction through lower SOC-comprehensibility (the latter correlation), was considerably weaker than the former correlation). Researchers concluded that finding meaning in stressful life events is a key factor in successful aging, and spirituality appears to assist in this process. They had more difficulty explaining the negative relationship between spirituality and comprehensibility, although hypothesized that spiritual explanations of negative life events may invoke views that they are beyond logic or understanding (based on God's will). Alternatively, belief in a punishing God may promote rumination and psychological disturbance, especially when adverse events are experienced without relief. The fact that meaningfulness was more strongly related to life satisfaction than comprehensibility probably accounts for the overall positive "effect" of spirituality on life satisfaction in this study.

Citation: Cowlshaw S, Niele S, Teshuva K, Browning C, Kendig H (2012). Older adults' spirituality and life satisfaction: A longitudinal test of social support and sense of coherence as mediating mechanisms. [Ageing & Society](#) 1-20 (E-pub ahead of print)

Comment: This study is worth knowing about because (1) it examines these relationships in an increasingly secular society (Australia) and (2) because of the statistical method used to analyze the relationships (to determine how spirituality might influence life satisfaction). Cross-lagged panel models based on multiple measurements of both predictor and outcome over time are useful since they can provide evidence towards causality and help to explain how a relationship might have come about. Given the difficulty and expense of conducting randomized clinical trials (RCTs), analyzing longitudinal data using this method provides a nice alternative (although will never be able to prove causality like RCTs can).

A 40-day Fast by a Pentecostal Woman

In this report, two physicians describe the case of a 57 year old woman admitted to the hospital after a 40-day fast during which she drank only water. The fast was motivated by her Christian beliefs. Surprisingly, the only major medical problem she had on admission was a low serum sodium (hyponatremia). When they tried to feed her again, however, she developed several metabolic

complications including low serum potassium, phosphate, and magnesium. The authors claimed that this was the first case report of the medical and religious aspects of prolonged fasting for religious reasons.

Citation: Brett AS, Nesbit RM (2013). A 40-day water-only fast by a Pentecostal woman: Clinical and religious observations. [American Journal of Medical Sciences](#) 345 (5):418-420

Comment: Fascinating case report of the medical consequences of a 40-day religious fast (like the one in the Christian tradition that Jesus performed).

Medicine and Religion in the Surgical Intensive Care Unit

In this commentary, the authors describe the case of an elderly gentleman following an serious surgical operation (aortic dissection repair) who went into a coma for several weeks after the operation. His condition was worsening, with less than 1% likelihood of leaving the hospital alive. He was being kept alive by machines only at this point. His family, however, was very religious and were at his bedside constantly with members of their church praying for a miracle that he would survive – and adamantly opposed discontinuing the treatment that he was receiving (which the surgeons were convinced was futile and useless). The article discusses the conflict between medicine and religion in this situation and how the hospital should have responded, i.e., having a chaplain meet with the family and developing an organizational policy for responding to cases like this in the future. That policy should, says the authors, show respect not only for the family and patient, but also for the professional integrity of the surgeon and team.

Citation: Jones JW, McCullough LB (2013). Medicine versus religion in the surgical intensive care unit: Who is in charge? [Journal of Vascular Surgery](#) 57(4):1146-1147

Comment: This brief article describes a common occurrence in intensive care units. Religious family members refuse to "give up" on a dying loved one because they are hoping for a miracle. The situation is not unlike the widely publicized finding that religious patients use more intensive expensive health services towards the end of life in medically futile situations where death is inevitable (JAMA 2009; 301(11): 1140–1147), especially those whose spiritual needs are not being met (Cancer 117(23):5383-5391). The authors review the history of conflict between religion and scientific medicine and describe how ethical dilemmas like this might be approached in a sensible and consistent manner, including both the chaplain and an established hospital policy in the solution.

Effects of Religiosity and Religious Coping on PTSD Symptoms Post-Katrina

Researchers surveyed 386 low-income mothers (mean age 25, 82% Black, 73% unmarried) from New Orleans several months prior to Hurricane Katrina (W1) and then 1 year (W2) and 4 years (W3) later. Religious measures were religious attendance and importance of religion measured at W1 and W2, and positive and negative religious coping (PRC and NRC) measured at W3. Outcomes of interest were post-traumatic stress disorder (PTSD) symptoms, post-traumatic growth (PTG), and general psychological distress (GPD) (all measured at W3). Structural equation modeling, controlling for covariates and other predictors, revealed that NRC was associated with greater psychological distress ($B=+0.18, p<0.01$), whereas PRC was associated with greater PTG ($B=+0.40, p<0.001$). Church attendance, both W1 (pre-Katrina) and W2 (post-Katrina), acting indirectly through PRC, predicted greater PTG (W3 post-Katrina) (+0.08 and +0.15, respectively, $p<0.05$). In a correlation matrix of all variables, however, there were positive correlations between importance of religion (W1 and W2) and **greater** PTSD symptoms at W3 (+0.15 and +0.14, respectively, both $p<0.01$, uncontrolled). The latter finding, however, was not discussed by researchers.

Citation: Chan CS, Rhodes JE (2013). Religious coping, posttraumatic stress, psychological distress, and posttraumatic growth among female survivors four years after Hurricane Katrina. Journal of Traumatic Stress 26:257-265

Comment: Religious attendance, acting indirectly through positive religious coping, predicted greater post-traumatic growth post-Katrina. Negative religious coping post-Katrina was associated with greater psychological distress post-Katrina. This makes sense. The positive correlation between importance of religion pre-Katrina and PTSD symptoms post-Katrina (even though uncontrolled) is another story. Those who were more religious pre-Katrina appear to have been more vulnerable to PTSD symptoms, suggesting that they were more emotionally fragile to begin with (perhaps that is why they were more religious).

Do Blacks and Hispanics Experience Greater Mental Health Benefits from Religious Involvement than Whites?

Investigators at Harvard School of Public Health, University of Texas, and Georgetown University analyzed data from a random sample of 3,103 adults in Chicago, using ethnicity-stratified regression models to determine associations between religiosity, depressive symptoms, anxiety symptoms, and major depression, controlling for age, gender, marital status, income, education, physical health, and congregational membership. Participants included 1,240 Black Americans, 981 White Americans, and 802 Hispanic Americans. Results indicated that contrary to researchers' expectations, religious attendance was related to lower levels of anxiety, depressive symptoms, and major depression only in Whites (although prayer was related to greater depressive symptoms). Importance of religion (religious salience) was consistently related to worse mental health in Hispanic Americans, and the only significant relationship in Black Americans was an inverse relationship between "importance of spirituality" and anxiety symptoms. Researchers concluded that the benefits of specific aspects of religious involvement varied depending on ethnicity.

Citation: Sternthal MJ, Williams DR, Musick MA, Buck AC (2012). Religious practices, beliefs, and mental health: Variations across ethnicity. Ethnicity & Health 17:171-185

Comment: A well-done cross-sectional study by seasoned researchers in the field of religion and health. It is unfortunate that the nature of the data prevented researchers from examining how these relationships might have developed over time. Future research that assesses both religious involvement and mental health states on multiple occasions (three or more), using the latest methods of analyzing longitudinal data, will help to answer questions like this and assist in the interpretation of what such findings mean.

Religion and Substance Abuse in American Indians

Investigators at Arizona State University surveyed 123 American Indian youth attending middle schools in a southwestern urban city, examining relationships between religion, spirituality, and substance abuse. Regression analyses revealed that affiliation with the Native American Church and following Christian beliefs were associated with significantly lower levels of substance use and higher anti-drug attitudes. Researchers concluded that belonging to the traditions of both Christianity and American Indian culture may help to integrate American Indian youth into society and protect them from substance abuse.

Citation: Kulis S, Hodge DR, Ayers SL, Brown EF, Marsiglia FF (2012). Spirituality and religion: Intertwined protective factors for substance use among urban American Indian youth. American Journal of Drug and Alcohol Abuse 38:444-449

Comment: This study is important because there is so little research on religion and mental health in American Indian youth, a population that at least in adulthood has been at high risk for substance abuse problems. Being able to integrate American

Indian culture with Christian beliefs seems beneficial to these youth, at least in terms of alcohol and drug use.

Religious and Spirituality Diversity in APA Training Programs

To what extent are American Psychological Association (APA)-accredited training programs teaching students about how to address psychological issues in Christian vs. Muslims vs. Jewish vs. atheist patients? This was the subject of survey of 292 students, interns, faculty, and training directors at 50 APA-accredited programs (54% response). Results indicated that diversity training regarding ethics, racial, socioeconomic, gender, sexual, disability, and age-related issues were all rated higher in terms of being addressed in the curriculum than diversity training in the area of religion or spirituality (R/S). This was especially true for training in terms of how to collaborate with R/S leaders, implement R/S interventions in clinical practice, and understand the teachings of major world religions/spiritualities. Seldom were students trained formally and systematically regarding R/S diversity (i.e., received formal coursework or didactic lectures on the topic), and often had to rely on others sources of information such as their own clinical experiences or peer interactions. Researchers concluded that APA training programs need to place higher priority on R/S diversity training, since these issues are important to the patients who will come from many different religious and spiritual faith traditions (traditions that will influence how psychological issues need to be addressed).

Citation: Vogel M, McMinn MR, Peterson MA, Gathercoal KA (2013). Examining religion and spirituality as diversity training: A multidimensional look at training in the American Psychological Association. Professional Psychology: Research and Practice 44:158-167

Comment: Here is another study, this time involving programs accredited by the major psychological training body in the U.S., that has found training in religious/spiritual issues neglected in their curricula (as have studies of medical schools, nursing schools, schools of social work, counseling programs, and others). This study found that diversity training in almost every other subject (race, sex, disability, ethics, age, etc.) received higher priority than R/S. Such surveys are important because they bring these issues to the attention of training directors and curriculum organizers. The message is that R/S -- because it is a high priority to many patients, often influences mental health and affects approaches to treatment -- can no longer be ignored.

NEWS

New Video About CSTH

We have recently posted a new video that describes the mission and activities of Duke University's Center for Spirituality, Theology and Health. We are indebted for the video to Dr. Scott Paul, an educational media specialist trained at Harvard and New York University, who joined the Center's research faculty in April.

Fuller Theological Seminary Conference

The conference above took place July 22-26, 2013, and had about 125 attendees for the week at Fuller in Pasadena, CA. About 40% were chaplains, 30% nurses, and the remaining 30% psychologists, psychiatrists, and medical physicians. Six workgroups were created of participants who worked on assessment and intervention tools to facilitate integrating spirituality into patient care. These tools will be of use to practitioners in the field, and will be available on a website that is now being created. Stay tuned.

SPECIAL EVENTS

Duke Summer Spirituality & Health Research Workshops

(Durham, NC) (August 12-16, 2013)

LAST CALL. Register now or never for 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/>.

Annual Interdisciplinary Conference on Health, Religion & Spirituality

(November 7-9, 2013)
Indiana State University's Center for the Study of Health, Religion and Spirituality is holding their annual conference in Terre Haute, Indiana, on November 7-9, 2013. The focus of the conference is examining the effects of religious and spiritual beliefs and practices on individual and collective well-being. The theme of the conference is "Why Study Spirituality?" Robert Emmons, professor of psychology at the University of California, Davis, will be a keynote speaker. Dr. Emmons has developed the field of "gratitude research." Dr. Ralph Piedmont, professor of pastoral counseling and spiritual care at Loyola University, an expert in the field of Spiritual Transcendence, will also give a keynote lecture. Interested persons are invited to submit proposals to present a research paper (15 min presentation), a symposium or experiential workshop (50 to 110 minutes), or a poster session (time unlimited). Deadline for submissions is August 19. For more information, go to conference tab at website: <http://www.unboundedpossibilities.org/cshrs> or e-mail Christine Kennedy at christine.kennedy@indstate.com.

Oxford Symposium on Religious Studies

(Dec 2-4, 2013)
Although not focused on spirituality and health per se, papers are being sought on any aspect of religious studies including religion, politics and public discourse; philosophy of religion, religious ethics, religion and culture, and religion and sustainability. Major fields include Christianity, Islamic Studies, Asian Religions, Judaic Studies, and Secularism. The symposium will be held at The Old Library (constructed in 1320, this is the first university building in Oxford). For more information, see website: <http://www.oxfordsymposiumonreligiousstudies.com/>

RESOURCES

Faith Beyond Belief: Stories of Good People Who Left Their Church Behind

(Quest Books, 2012)
2013 Gold Winner of the Nautilus Award in religion/spirituality, "Better books for a better world" - makes use of ten true stories from real life people to illustrate steps on the road to spiritual maturity. Though it is rarely or never mentioned from the pulpit, theologians largely accept the faith development process as a matter of course. Mature faith requires a crucial *belief detour* beyond simplistic acceptance of literal Sunday School truths. Dismayed by the dishonesty promoted as absolute truth in some forms of organized religion, author Margaret Placentra Johnston offers readers a chance to recognize the value - and the beauty - in a post-rational/post-critical/post-modern faith - a faith for the twenty-first century. For more information, see

<http://www.faithbeyondbelief-book.com/>. Available (\$12.59) at <http://www.amazon.com/Faith-Beyond-Belief-Stories-People/dp/0835609057>

Spirituality in Patient Care, 3rd Ed

(Templeton Press, 2013)
Since the publication of the first and second editions of *Spirituality in Patient Care* in 2002 and 2007, the book has earned a reputation as *the* authoritative introduction to the subject for health professionals interested in identifying and addressing the spiritual needs of patients. All chapters are updated with the latest information, trends in health care, research studies, legal issues, and healthcare standards requiring sensitivity to all patients' spiritual needs. Chapters are targeted to the needs of physicians, nurses, chaplains, 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. Religion/spirituality-health researchers, educators, health professionals, and religious professionals will find this resources 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 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. Available (\$39.96) at: <http://templetonpress.org/book/spirituality-and-health-research>.

FUNDING OPPORTUNITIES

George Family Foundation Grants

This foundation gives out small grants (\$2,500 to \$55,000) for projects that promote integrated approaches to health and healing. They seek to fund programs and initiatives that advance an integrated, patient-centered approach to healing, encouraging people to take responsibility for their health supported by a diverse team of healthcare providers. They are also interested in enhancing the positive impact of religious faith and spiritual connection. They fund programs that contribute to interfaith harmony and that enrich the inner lives of individuals, families and communities. Grants awarded in 2011 totalled \$200,000. For more information, go to website: <http://www.georgefamilyfoundation.org/about/>.

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. 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>.

Varieties of Understanding Research Grants

This is a three-year initiative based at Fordham University in New York. It will examine the various ways in which human beings understand the world, how these types of understanding might be improved, and how they might be combined to produce an integrated understanding of the world. As part of the 3.85 million dollar project, approximately 2 million dollars will be distributed to scholars, including: \$1.2 million for work in **psychology**, \$500,000 for work in **philosophy**, \$250,000 for work in **theology** and **religious studies**. Proposals will be due November 1, 2013. For more information see:

<http://www.varietiesofunderstanding.com/index.html>

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Website:
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2013 CALENDAR OF EVENTS...

August

- 12-16 **Duke Summer Research Workshop**
Durham, North Carolina
Presenters: Blazer, Oliver, Verhey, Carson, Williams, & Koenig
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 20 **Religion, Spirituality and Aging**
Covenant Village of Golden Valley, 2:00-3:00P
Golden Valley, Minnesota
Presenter: Harold G. Koenig, M.D.
Contact: Marisa Crean (mcrean@goodbait.com)
- 28 **Spirituality and Health in India – Past, Present and Future**
Presenter: Raj Paulrab, M.D.
Psychiatrist, Christian Medical College, Vellore, India
Durham, North Carolina
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

September

- 9 **Religion, Spirituality, and Aging**
The Village at Brookwood, 6:30-8:00P
Presenters: Richard Cox, M.D., Ph.D., Harold G. Koenig, M.D.
Burlington, North Carolina
Contact: Kent Kirchin (KKKirchin@villageatbrookwood.org)
- 14 **Conducting Research on Christian Interventions**
World Conference, American Association of Christian Counselors
Nashville, Tennessee
Presenter: Koenig
Contact: Laura Captari (laura.captari@aacc.net)
- 19 **Religion, Spirituality and Aging**
Carol Woods Retirement Center, 7:30-8:30P
Chapel Hill, North Carolina
Presenter: Koenig
Contact: Jane Arndt (jane_arndt@med.unc.edu)
- 25 **Faith-based Organizations and the Provision of Health Care for Black Elderly in the U.S.**
Presenter: Lori Carter-Edwards, Ph.D.
Research Associate Professor, UNC Chapel Hill
Deputy Director, Health Promotion & Disease Prevention
Durham, North Carolina
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)