CROSSROADS…

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health Volume 2 Issue 6 December 2012

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 November 2012) go to: http://www.spiritualityandhealth.duke.edu/publications/crossroads.html

LATEST RESEARCH OUTSIDE DUKE

Is the Pro-Social Nature of Religion Simply a Research Artifact?

Much systematic research has found that religious involvement is associated with and predicts more pro-social behavior (i.e., greater sharing and generosity). However, a critical review of this area by psychologist Luke Galen from the department of psychology at Grand Valley State University in Allendale, Michigan, questions this finding. Instead, he maintains that such associations are due to self-report biases, impression formation, stereotypes, and ingroup favoritism. In this article, published in a well-known and respected psychology journal that publishes comprehensive reviews, Galen examines the experimental and quasi-experimental research on religion and pro-social behaviors, reporting that these studies produce results that differ from observational studies. He states that many of the pro-social effects of religion can be explained by general psychological effects, not religion, and that observational studies (unlike experimental studies) often suffer from inappopriate comparison groups and the presence of criterion contamination. Observed relationships are often inconsistent and confounded by measures that lump those with low religiosity together with nonbelievers. Galen concludes that the hypothesis that religion is associated with or increases pro-social behavior is a fallacy.

Citation: Galen LW (2012). Does religious belief promote prosociality? A critical examination. Psychological Bulletin 138(5):876-906

Comment: The next article in this issue of the journal is a rebuttal to Galen's. The title: "Is religion not prosocial at all? Comment on Galen (2012)" (Psychological Bulletin 138(5):907-912). The author is psychologist Vassilis Saroglou from the department of psychology at the Universite Catholique de Louvain in Belgium. In this commentary, he maintains that Galen is wrong. After carefully reviewing the research, Saroglou states that "religious prosociality is not reduced to social desirability in self-reports, is confirmed through ratings by peers who are blind with regard to the religious status of the target, and is expressed through real prosocial behavior in controlled experiments and life decisions with long-term effects." He concludes that these effects cannot be reduced to in-group favoritism and challenges the claim that results are confounded by measures that lump low religiosity and unbelievers together, since research confirms linear relationships. So, who is right? Next time you're in real trouble, see who comes to your aid.

Does Religiosity Affect Family Functioning Across Generations?

[*The next four studies focus on the influence of parental religiosity and parent-child attachment on (a) transmitting religious beliefs and values to children, (b) positive family functioning, (c) the mental health and adaptation of children, (d) their capacity to form close romantic relationships, and (e) their own parenting ability when they have children*]

Investigators at the University of California, Michigan State and Iowa State universities analyzed data from a 20-year longitudinal study of 451 two-parent families across two generations, beginning in adolescence and following the adolescent (and parents) into adulthood (Family Transition Project). Adolescents in the 7th grade (G2) and their parents (G1) were recruited from eight rural Iowa counties in 1989 and followed through 2007. Religiosity in G1 and G2 was measured using a scale assessing (a) importance of religious or spiritual beliefs in day-to-day life, (b) importance of being a religious person, and (c) frequency of church attendance (assessed in 1991 for G1 parents and in 1991-1994 and 1997 for G2 adolescents). Marital interactions for G1 parents were assessed in 1991-1994 and romantic relationship interactions for G2 adolescents were assessed in 1995-2007. Quality of communication, prosocial behaviors, hostility, antisocial behaviors, and angry coercion were also assessed. Positive parenting (based on video-taped parent-child discussions concerning family rules and problems) was assessed for G1 parents in 1991-1994 and for G2 adolescents in 1997-2006 (for G2 youth who by then had their own children). Structural equation modeling was used to examine relationships, controlling for were gender, G1 income, G1 education, G1 religious affiliation, and G2 personality (agreeableness and conscientiousness). **Results** indicated that G1 parent religiosity was associated with G2 youth religiosity in adolescence (average age 16.5), which in turn predicted youths' religiosity during "transition to adulthood" (at average age 22.5). G1 religiosity also predicted G1 positive marital interactions, which predicted G1 positive parenting. G2 youth religiosity and G1 positive parenting, then, predicted both G2 positive romantic relationship interactions and G2 positive parenting during transition to adulthood. Researchers concluded that religiosity serves as a personal resource that is uniquely and positively associated with the quality of family relationships, thus supporting the role of religiosity in the developmental process that promotes positive family functioning.

Citation: Spilman SK, Neppl TK, Donnellan MB, Schofield TJ, Conger RD (2012). Incorporating religiosity into a deveopmental model of positive family functioning across generations. Developmental Psychology (E-pub ahead of print) (doi: 10.1037/a0028418)

Comment: Although a relatively complex study design and data analysis, this is one of the few studies that attempts to examine how parent religiosity and positive parenting influence adolescent

religiosity, and how adolescent religiosity then influences later young adult romantic interactions and parenting of their own children.

Parent-Adolescent Attachment, Religiosity, and Adolescent Adjustment

Investigators at Virginia Tech and University of Miami surveyed a convenience sample of 322 adolescent-parent dyads from Southwestern Virginia, examining how parent-adolescent attachment moderates the effects of intergenerational transmission of religiousness on adolescent mental health outcomes. Adolescents were 12.6 years of age on average, 45% girls and 84% white; parents were 83% mothers; and mean annual family income was $35,000-50,000. Parent-adolescent attachment was assessed using a standard 12-item scale. Religiosity was assessed using two questions on religious attendance and other group religious activity (OR), and four questions on personality religiosity (PR). The Youth Self-Report Scale assessed mental health in terms of internalizing and externalizing problems. The **findings** were that higher parent OR was related to higher adolescent OR in both boys and girls. For boys, parent-adolescent attachment was related to adolescent OR, which was in turn related to fewer adolescent internalizing symptoms (withdrawal, somatic complaints, anxiety-depression). Likewise, higher parent PR and parent-adolescent attachment were positively related to adolescent PR (in boys & girls), although adolescent PR was unrelated to internalizing or externalizating symptoms. Higher parent PR, however, was related to greater internalizing symptoms in adolescents with low parent-adolescent attachment. This was not true, however, for adolescents with high parent-adolescent attachment. Researchers concluded that parent-adolescent attachment was an important factor in transmitting religiosity from parents to adolescents. They also concluded that parent-adolescent attachment was also related to the effectiveness of adolescent religiosity (OR) in reducing internalizing symptoms (at least in boys).
Citation: Kim-Spoon J, Longo GS, McCullough ME (2012). Parent-adolescent relationship quality as a moderator for the influences of parents' religiousness on adolescents' religiousness and adjustment. Journal of Youth and Adolesence (E-pub ahead of print) (doi: 10.107/s10964-012-9796-1
Comment: The findings from this study emphasize the importance of both parent religiosity and parent-child attachment in transmitting religious beliefs and in child mental health.

Maternal Religiosity, Parent-Child Attachment, and Family Functioning

Researchers at the University of Notre Dame, Catholic University of America, Queen's University, and Univeristy of Ulster surveyed a random sample of 695 mother-child dyads in Belfast, Northern Ireland to assess the impact of violence from the Protestant-Catholic conflict on child and family functioning. Of particular interest was the impact of maternal religiosity on these effects. Maternal religiosity was assessed with 9 questions: importance of rleigion, frequency of church attendance, and a 7-item Attitude Toward Christianity Scale (Francis). Parent-child attachment was assessed using the standard 15-item Parent Attachment Security Scale; family cohesion was measured using the Famiy Environment Scale; maternal behavioral control by a 5-item index; and children's disclosure by a measure of how often children disclosed information to their parents. Also assessed were family conflict, mother's psychological distress, and children's adjustment problems, all using standard scales. Controlled for were child age and gender, and mother's religious affiliation. **Results** indicated that maternal religiosity was positively and significantly related to greater mother-child attachment secuirty ($p \leq 0.001$), family cohesion ($p \leq 0.001$), and child disclosure ($p \leq 0.001$), and was inversely (negatively) related to family conflict ($p \leq 0.001$), mother psychological distress ($p < 0.05$), and child adjustment problems ($p \leq 0.001$). Maternal religiosity also moderated the effects of family cohesion, maternal behavioral control, family conflict, maternal distress, and child adjustment problems on mother-child attachment security (all at statistically significant levels and in the expected directions). The researchers concluded that "mothers' religiosity consistently predicted less psychological distress and adjustment problems, and stronger relationships in families, and enhanced positive processes and relations in families."
Citation: Goeke-Morey MC, Cairns E, Merrilees CE, Schermerhorn AC, Shirlow P, Cummings EM (2012). Maternal religiosity, family resources and stressors, and parent-child attachment security in Northern Ireland. Social Development (E-pub ahead of print) (doi: 10.1111/j.1467-9507.2012.00659.x)
Comment: This study from outside the U.S. and in an area marked by violence and conflict shows the role that parent religiosity plays in parent-child relationships and family functioning.

Religius Socialization, Religious Identify, and Psychosocial Functioning in Korean Adolescents

The purpose of this study was to determine how religious socialization of adolescents by families and communities relate to their religious identity and psychosocial functioning. Researchers at Ewha Womans University and University of Minnesota interviewed 155 Korean-American adolescents from emmigrant Korean families attending Korean ethnic churches in the Midwest and East Coast. The mean age was 15 and range was 12 to 19 years; 49% were female; 59% were born in the U.S. and among those born in Korea, mean age at migration was 7 years. Adolescents completed the questionnaires after attending youth services during their Bible study time. *Religious socialization* was measured using the Perceived Faith Support scale that assesses "faith modeling" and "faith dialogue" separately for parents, friends, and mentors. *Religious identity* was assessed by extent to which adolescents reported belonging to a Christian group, being satisfied with interactions there, feeling this involvement was central to their lives, and engaging in behaviors with other Christians. Psychological functioning was assessed using a standard 25-item questionnaire, and social competence was assessed with a 10-item section of the Prosocial Behavior and Peer Competence questionnaire. Structural equation modeling was used to analyzed relationships. **Results** indicated that religious socialization was significantly associated with social competence, and this relationship was fully explained by the establishment of a religious identity. Researchers also found an interaction between religious socialization and religious identity on externalizing behavioral problems (aggression, delinquency, hyperactivity/conduct issues, uncontrolled or antisocial behaviors). Among those with low religious identity, greater religious socialization by parents was associated with signficantly worse externalizing behavioral problems.
Citation: Seol KO, Lee RM (2012). The effects of religious socialization and religious identity on psychosocial functioning in Korean American adolescents from immigrant families. Journal of Family Psychology 26 (3): 371-380
Comment: The findings suggest that "forcing religion down the throat" of adolescents who have not "boughten into religion" (i.e., those who have not established their own independent religious identity), may result in worse behavioral problems. Thus, it may be important for families to help adolescents establish a religious identity. However, if those efforts are not successful, then be prepated that adolescents may resent efforts to push religion on them and act out in response. An alternative explanation of the findings, though, given their cross-sectional nature, is that parents' attempts to help adolescenets establish a religious identity through religious socialization may be less effective in behaviorally troubled adolescents (whose symptoms may be partly driven by biological factors).

Suicidal Behaviors and Religion in Adolescents

Researchers at Central Michigan University and several other institutions analyzed four waves of data (1994 to 2008) from the U.S. National Longitudinal Study of Adolescent Health involving 9,412 adolescents ages (mean age 15.9 years at baseline in 1994). The goal was to determine how religiosity affects suicidal thoughts and behaviors over time from adolescence to young adulthood. Religiosity was measured at Wave I by frequency of religious attendance, frequency of prayer, and importance of religious faith. For analysis, these were divided into organizational religiosity (OR) (attendance and special activities at church) and private religiosity (PR) (prayer and importance). Suicidal thoughts and behaviors in the previous 12 months were measured at each of the four waves. Other variables measured at Wave I were social support, parent support, self-esteem, depression, age, race, gender, and body-mass index. Analyses were stratified by gender. **Findings** were, when controlled for age, race and gender, that adolescents with low PR (never prayed or considered religion important) at Wave I were at lower risk of suicidal thoughts at Wave II (OR=0.36, 95% CI 0.17-0.77) than were those with high PR (prayed at least once/week and considered religion important). However, those with low PR were also at greater risk of suicide attempts at Wave II (OR=2.29, 95% CI 1.01-5.26). Those with lower OR (attended religious services weekly and considered religion only fairly important) at Wave I were at greater risk of suicidal thoughts at Wave II (OR=1.29, 95% CI 1.02-1.68), compared to those with high OR (attended religious services daily and considered religion important). Controlling for social support, self-esteem, and depression (mediators) could not explain the beneficial effects of low PR on suicidal thoughts, but did explain the effects of low PR on increasing suicide attempts. The protective effects of high OR on suicidal thoughts were also explained by the higher social support, greater self-esteem, and lower depression among those with high OR. Wave I adolescent PR had no effect on suicidal thoughts or behaviors at Wave III, although when controlling for mediators, those with lower OR were at lower risk of suicidal thoughts at Wave III (OR=0.58, 95% CI 0.35-0.95), compared to those with high OR. Finally, when analyses were stratified by gender, women with low PR at Wave I were over twice as likely to report a suicide attempt at Wave II (1 year later) (OR=2.31, 95% CI 1.08-4.92) and were over four times as likely to report a suicide attempt at Wave IV (14 years later) (OR=4.19, 95% CI 1.19-14.71). No effects of religiosity on suicidal thoughts or attempts were found for males. Investigators concluded that, "Public health specialists and clinicians might develop cultural competence by gaining deeper insights of religious faith and spiritual beliefs of clientele and in coming to terms with the form of healing that may serve as an adjunct to diagnosed suicidal disorder."

Citation: Nkansah-Amankra S, Djedhiou A, Agbanu SK, Agbanu HLK, Opoku-Adomako NS, Twumasi-Ankrah P (2012). A longitudinal evaluation of religiosity and psychosocial determinants of suicidal behaviors among a population-based sample in the United States. Journal of Affective Disorders 139:40-51

Comment: This study reports a confusing mixture of contradictory findings. Adolescents who didn't pray or consider religion important were at a lower risk of suicidal thoughts, but at greater risk of suicide attempts (particularly in women, where the risk was double one year later and more than four times higher 14 years later). Compared to those with high religious attendance, adolescents with lower religious attendance were at greater risk of suicidal thoughts at Wave II, but at lower risk at Wave III, Not sure what to conclude from these findings, but the large population-based sample and long follow-up make this study an important one.

Religiosity and Prevention of HIV Infection in Uganda

Researchers at Makerere University in Uganda conducted a case-control study to identify characteristics of Christian young adults (ages 15-24 years), including religiosity, that predict the likelihood of testing positive for HIV infection. Over 6 months, 4268 young adults were interviewed and tested for HIV infection; 2933 were Christian (most of the rest were Muslim) and this was the sample studied. Each person identified as HIV-positive (n=106) was matched with four controls (n=424) selected randomly from the population of young adults who were HIV-negative. Religious involvement was measured using a standard multi-item measure of religiosity/spirituality that assessed daily spiritual experiences, private religious practices, religious attendance, self-rated religiosity, religious history, and religious commitment. Results indicated that HIV infection was significantly more common among young adults ages 20-24, those who had not attended school, those who were not currently in school, and those who had lost both parents. HIV infection was also more common in those who were sexually active, those with multiple lifetime sexual partners, those not using condoms, and those using alcohol or drugs. **Results** indicated that lower religiosity was associated with greater risk of HIV infection. This was the case for those scoring lower on feeling guided by God in daily activities (OR=1.90, 95% CI 1.03-3.50), lower on feeling thankfulfor God's blessings (OR=1.76, 95% CI 1.01-3.11), lower frequency of praying privately (OR=2.02, 95% CI 1.30-3.11), and lower on trying hard to love God (OR=1.57, 95% CI 1.01-2.42). When other predictors of HIV infection were included in a logistic regression model (age 20-24, one or both parents dead, multiple sexual partners), low level of praying privately more than doubled the risk of HIV infection (OR=2.15, 95% CI=1.33-3.48, p=0.002). Researchers concluded that religiosity was related to a lower risk of acquiring HIV infection, explaining this by say that religion acted as a primary regulator of human behavior, controlling impulses towards short-term individual gains for the long-term good. They also suggested that the findings supported the strategy of using faith-based approaches to HIV prevention in Ugandan Christian communities.

Citation: Kagimu M, Guwatudde D, Rwabukwali C, Kaye S, Walakira Y, Ainomugisha D (2012). Religiosity for HIV prevention in Uganda: A case study among Christian youth in Wakiso district. African Health Sciences 12 (1):17-25

Comment: One of the few studies carried about by Africans themselves that shows a relationship between religious involvement and risk of HIV infection. The findings are consistent with a major review of research on religion and self-regulation published in Psychological Bulletin (2009, 135(1): 69–93) (with an editorial in the New York Times), which concluded that one mechanism which which religion influenced health was through self-regulation. Recent experimental studies also support this conclusion (see below).

Religiosity and Self-Control: An Experimental Study

Investigators in the department of psychology at Butler University (Indianapolis) used an experimental design to test the hypothesis that religiosity is related to self-control. They recruited 75 college students (83% women), who were randomly assigned to a group that completed an endurance task after their self-control resources were depleted (i.e., squeezing a handgrip for as long as possible) or to a non-resource depleted group with full self-control resources. Both groups were then asked to complete an unsolvable anagram task (a standard method of assessing self-control), measuring how much time they spent on the task before giving up. Prior to the experiment, subjects were asked to complete a series of questionnaires, including measures of religiosity, submission to authority, and a standard measure of self-control (13-item Brief Self-Control Scale). Religiosity was assessed using three measures that were standardized and then combined into a total score: (1) time spent on religious activites per

week (religious attendance, reading religious texts, praying, etc.), (2) responses to the 10-item Hoge intrinsic religiosity measure, and (3) a single item assessing self-rated religiosity on a 0-10 scale. Based on the total religiosity score, subjects were categorized as either high (n=38) or low religiosity (n=37). **Results** indicated that among subjects in the group with full self-control resources, there was no difference between high and low religious subjects on time spent on the unsolvable anagram task before giving up. However, in the group whose self-control resources were depleted (due to hand-grip task), those with high religiosity persisted at the unsolvable anagram significantly longer than those with low religiosity (average 16.23 minutes vs. 11.95 mnutes, p<0.01). In addition, religiosity was positively related to scores on the Brief Self-Control Scale (r=+0.26, p<0.05). Researchers concluded that "highly religious individuals possess greater self-regulatory ability, particularly under circumstances of reduced self-regulatory resources."
Citation: Watterson K, Giesler RB (2012). Religiosity and self-control: When the going gets tought, the religious get self-regulating. Psychology of Religion and Spirituality 4(3):193-205
Comment: This represents one of the first true experimental studies to show that highly religious individuals have greater self-control and self-regulatory capacity, which may help to explain how religious involvement produces health benefits [and is consistent with both the study of HIV infection risk in Uganda and the Psychological Bulletin review mentioned above].

Questionnaire for Measuring Religious Involvement in China

Investigators at Buffalo State College and Duke University Medical Center analyzed data from a population-based sample of 1039 women ages 18-34 living in a rural area in China (Xinle, Hebei Province). The purposes was to test the reliability and validity of an adapted version of the 10-item Hoge intrinsic religiosity (IR) scale and the 5-item Duke Religion Index (DUREL). Response rate was 87%; average age was 26 years; 68% were married; education level was between middle school and high school; and almost half were Chinese Youth League or Communist Party members. The Hoge IR and DUREL were modified as follows: "God" was replaced by "god(s), Buddha(s), Bodhisattvas, ancestral spirits, deities or ghosts." "Bible" was replaced by "religious texts." Depression was assessed using the CES-D; suicidal ideation by the Beck Scale for Suicide Ideation; life satisfaction by a single question; and anxiety by the State-Trait Anxiety Inventory. Results indicated that internal reliability was high for both the Hoge IR scale (Cronbach's alpha=0.72) and DUREL (0.84), and the total scores were highly correlated (r=0.80 between 10-item Hoge IR and 3-item DUREL-IR subscale). Both 10-item HOGE IR and 3-item DUREL-IR were significantly (all p values <0.001) and inversely correlated with depression (r=-0.17 and r=-0.16, respectively), suicidal ideation (r=-0.22 and r=-0.17), and anxiety (r=-0.13 and R=-0.12), and were positively related to greater life satisfaction (r=+0.16 and r=+0.11). Religious attendance and frequency of private religious activities were infrequent in this population (0.3 and 1.3, respectively, on a 0 to 5.0 scale), and were unrelated to mental health indicators. Researchers concluded that both the Hoge IR scale and the DUREL (as modified) are appropriate measures for assessing religiosity in China.
Citation: Liu EY, Koenig HG (2012). Measuring intrinsic religiosity: Scales for use in mental health studies in China – a research report. Mental Health, Religion and Culture (E-pub ahead of print) (doi:10.1080/13674676.2012.672404)
Comment: A key to examining relationships between religion and health is having a reliable measure of religious involvement. This is especially true in non-Western cultures, where we know very litle about how religiosity influences health and well-being. This is particularly true in a country like China, whose population and economic growth are rapidly expanding, and concerns about the mental health consequences of such rapid expansion have only recently begun to surface. Religion represents a potential resource to Chinese people to help buffer against the stresses of modern life. Until now, however, valid and reliable measures of religious involvement in China have been rare or non-existent, particularly measures for use in research.

Religion and Health in Older Brazilian Military Personnel and Families

Researchers surveyed 170 adults age 60 or over attending a medical outpatient clinic at Sao Paulo Air Force Hospital (98% of eligible patients). They examined cross-sectional relationships between religious involvement and a range of mental and physical health outcomes. Average age of participants was 75.7 years and average education was 8.1 years, with two-thirds of the sample being female. Religiousness was measured by frequency of religious attendance and by importance of religion and faith in life. Health outcomes included alcohol use, dementia, depression (measured by Geriatric Depression Scale), hospitalization in past 6 months, physical activity, pain, sleep problems, and smoking. Uncontrolled analyses revealed that attendance at religious services weekly or more (vs. less than weekly) was associated with a lower likelihood of alcohol use (21% vs. 36%, p<0.05) and lower likelihood of depression (22% vs. 41%, p<0.01). Importance of religion (very vs. not or only somewhat) was associated with a lower likelihood of dementia (12% vs. 23%, p=0.05), lower likelihood of depression (23% vs. 48%, p=0.001), lower likelihood of hospitalization in past 6 months (11% vs. 30%, p=0.001), and lower likelihood of smoking (11% vs. 28%, p<0.01). When analyses were control for age, gender, martial status, social support, functional status, and education, frequent religious attendance was associated with a 72% lower likelihood of depression (OR=0.28, 95% CI 0.12-0.64). Furthermore, those who considered religion to be very important were 81% less likely to be depressed (OR=0.19, 95% CI 0.18-0.44), 64% less likely to have been hospitalized in the past 6 months (OR=0.34, 95% CI 0.13-0.85), and 72% less likely to smoke (OR=0.28, 95% CI 0.10-0.77). Researchers concluded that self-rated importance of religion was more strongly correlated with health than was religious attendance.
Citation: Lucchetti G, Lucchetti ALG, Peres MFP, Moreira-Almeida A, Koenig HG (2012). Religiousness, health, and depression inolder adults from a Brazilian military setting. ISRN Psychiatry, article ID 940747 (http://www.hindawi.com/isrn/psychiatry/2012/940747/)
Comment: One of the few studies that have reported a stronger relationship between personal religiosity (importance of) and health vs. between public religiosity (religious attendance) and health. The findings for personal religiosity were clearly not confounded by the physical ability to attend religious services (which could explain some of the associations between religious attendance and health). Another strength of the study was the high response rate of 98%, which is almost unheard of in U.S. studies.

NEWS

Integrating Spirituality into Healthcare

Preparations are now being made to hold a major 5-day conference at Fuller Theological Seminary in Southern California on integrating the latest findings from spirituality and health research into clinical practice. The dates are tentatively scheduled for July 22-26, 2013. More information to come.

Special Issue on Religion, Spirituality and Depression (Depression Research and Treatment)

This special issue (Sept 2012) of the peer-review journal *Depression Research and Treatment* includes 10 articles on

religion, spirituality and depression: an editorial, a review aritcle, and eight articles (seven original data-based reports) on this topic. Being an open-access journal, all papers are downloadable as pdfs for free. To see the articles as a group, go to our website at: http://www.spiritualityandhealth.duke.edu/publications/research-publications.html.

SPECIAL EVENTS

5th Australian Conference on Spirituality & Health

To be held on **July 7-10, 2013**, in Adelaide, Australia, the aim of this biennial conference is to explore the links between spirituality, religion, health and well-being. The program will focus on the findings from both quantitative and qualitative research, and includes both pre- and post-conference workshops. This year's keynote address will be delivered by Stephen Post, Professor of Preventive Medicine and founding director of the Center for Medical Humanities, Compassionate Care, and Bioethics at Stony Brook University School of Medicine in NYC. He is the best-selling author of The Hidden Gifts of Helping (2011) and eight other books on altruism. For details see: http://www.spiritualityhealth.org.au/

5th International Conference on Ageing and Spirituality

This continues a series of international conferences which began in Canberra, Australia, in 2000. The 5th Conference, to be held in Edinburgh, Scotland, on **July 7-10, 2013**, will be of interest to those coming from a faith based approach and those approaching spirituality from a secular one. Speakers include Baroness Julia Neuberger, Senior Rabbi of the West London Synagogue, Elizabeth MacKinlay from Charles Sturt University of Australia, Susan McFadden, from the University of Wisconsin, John Swinton from the University of Aberdeen. The call for papers and workshops is now open. For details see: https://events-made-easy.com/Client_Event_Sites/test8008/2011-10-105/cgi-bin/php/home.php.

International Congress for Psychotherapy and Pastoral Care

This conference is taking place on **May 8-11, 2013**, in Wurzburg, Germany (90 minutes by train from Frankfurt). For more information (in German), see website: http://www.aps-kongress.de/

Spiritual and Religious Support Conference in Saudi Arabia

This is the first religion/spirituality and health conference to be held in Saudi Arabia. It is supported by the King Fahad Medical City and Islamic Medical Association of North America. The event will be held in the King Fahad Medical City main auditorium in Riyadh on **January 1-3, 2013**. The targeted audience includes religious counselors, spiritual support health professionals, patient affairs and patient relations staff, psychiatrists, social workers, physicians, nurses and all other health care providers (including students). For more information, contact Ms. Azzah Al-Shehri, the *Patients Spiritual And Religious Support Scientific Committee Coordinator*, at aalshihri@kfmc.med.sa.

Duke Summer Spirituality & Health Research Workshops

Register now to ensure a spot in one of our research workshops on spirituality & health. The dates of the 2013 workshops will be July 15-19 and August 12-16. These workshops are designed for those interested in conducting research in this area or learning more about it. The workshops are designed for those with any level of training or exposure to the topic, from laypersons to graduate students to full-time professors at academic institutions. Nearly 600 persons have attended these workshops since 2004. Individual mentorship is being provided to those who need help with their research or desire career guidance and register early. Partial **tuition scholarships** will be available for those with strong academic potential and serious financial hardships. For more information, see website: http://www.spiritualityhealthworkshops.org/.

RESOURCES

Religion, Spirituality and Positive Psychology (2012)

This book bring together scholars from an array of disciplines to share what they know on the topic of religion, spirituality and positive psychology. The thoughtful, evidence-based chapters included in this volume demonstrate 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. The first section of the book focuses on ways in which religious and spiritual engagement improves psychological and behavioral health. The second section highlights the application of this knowledge to physical, psychological, and social problems. See website: http://www.amazon.com/Religion-Spirituality-Positive-Psychology-Understanding/dp/0313398453

The Psychology of Religion and Spirituality for Clinicians: Using Research in Your Practice (2012)

This book is for therapists and counselors struggling to connect the research on the psychology of religion and spirituality to their clinical practice. This volume helps to translate basic research findings into useful clinical practice strategies. The editors and chapter authors, all talented and respected scholar-clinicians, provide a practical understanding of the empirical literature on the psychology of religion and spirituality, and outline clinical implications, assessments, and strategies for counseling and psychotherapy. Chapters cover such topics as religious and spiritual identity, its development, and its relationship with one's personality; client God images; spiritually transcendent experiences; forgiveness and reconciliation; and religion and spirituality in couples and families. Each concludes with clinical application questions and suggestions for further reading. Available at: http://www.amazon.com/Psychology-Religion-Spirituality-Clinicians-Research/dp/0415873436

Why John Wasn't Healed by Prayer

This article, written by an interdisciplinary authorship involving a medical internist, two psychiatrists, a sociologist, and a theologian, describes a powerful real life case of a devoutly religious man who came down with a serious illness and died. His family and church prayed for his healing, but to no avail. His death led to serious problems in the church and unresolved grief in his family. Aspects of the case are discussed in light of the experience of seasoned clinicians and educators in the area of religion, spirituality and health. See website: http://www.spiritualityandhealth.duke.edu/opinion/index.html

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

This book summarizes and expands the content presented in the *Duke Research Workshops 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 at: http://templetonpress.org/book/spirituality-and-health-research

Handbook of Religion and Health (Second Edition) (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 beginning **February 1, 2013**. If the funding inquiry is approved (applicant notified by May 3, 2013), the Foundation will ask for a full proposal that will be due September 2, 2013, with a decision on the proposal reached by December 20, 2013. More information: http://www.templeton.org/what-we-fund/our-grantmaking-process

Information on Applying for and Obtaining NSF and NIH Grants
For those wishing to receive regular emails on educational resources on how to apply and successfully compete for National Science Foundation and National Institutes of Health grant funding, contact kendall@principalinvestigators.org. These emails are sent out to promote the products of a for-profit organization, Principal Investigators Association, in Baton Rouge, Florida. For example, they offer two 60-minute webnars on "Deciphering NIH Funding for Beginners" and "Breaking Into NIH Funding and Beyond—A How-to Guide for New and Early Career Investigators" for $199. We cannot vouch for the quality or the cost-benefit of participating in these webnars.

2012 CALENDAR OF EVENTS…

Dec

19 Mental Health Recognition and Referral by Catholic Priests in North Carolina
Spirituality and health research seminar
Presenter: Thomas Pillion, M.D.
Center for Aging, Duke University Med Center 3:30-4:30P
Durham, North Carolina
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

Published by the Center for Spirituality, Theology & Health
DUMC Box 3400, Durham, NC 27710
Website: http://www.spiritualityandhealth.duke.edu/

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