

# CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

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

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

## LATEST RESEARCH OUTSIDE DUKE

### “Jewish Spirituality” and Health

Researchers at Pepperdine University, Columbia University, and Harvard Medical School conducted an anonymous Internet survey that included 208 Jewish women and men from diverse denominations (33% Modern Orthodox, 22% Yeshiva Orthodox, 14% Reform, and 2% each Hassidic, Reconstructionist, and Sephardic, and 10% other forms of Judaism). Most participants were Caucasian (93%) and the majority were female (75%); nearly half of the sample had a yearly income of \$75,000/yr or more (21% over \$130,000). Administered were the 6-item Trust and Mistrust in God scale (developed by Jewish researchers), the 16-item Jewish Religious Coping scale, and a 3-item intrinsic religiosity scale from the Duke Religion Index. Depressive symptoms were assessed using the 10-item CES-D, and physical health was measured by the physical health component summary score of the SF-12, which assesses physical functioning and bodily pain, with higher scores indicating better health. **Results:** Bivariate analyses revealed inverse correlations between all measures of religious involvement and depressive symptoms ( $r = -0.22$  for trust in God,  $p < 0.01$ ;  $-0.24$  for intrinsic religiosity,  $p < 0.01$ ; and  $-0.26$  for positive religious coping,  $p < 0.01$ ). Conversely, positive correlations were found between depressive symptoms and mistrust in God ( $+0.37$ ,  $p < 0.01$ ) and negative religious coping ( $+0.38$ ,  $p < 0.01$ ). Physical health was positively related to trust in God ( $+0.14$ ,  $p < 0.05$ ), but was inversely related to mistrust in God ( $-0.16$ ,  $p < 0.05$ ) and negative religious coping ( $-0.16$ ,  $p < 0.05$ ). Controlling for gender and age, correlations with depressive symptoms remained robust and significant ( $p < 0.01$  to  $p < 0.001$ ), as did correlations with physical health ( $p < 0.05$  to  $p < 0.001$ ). Three interactions were present. First, among those with high intrinsic religiosity, the positive relationship between trust in God and physical health was particularly strong. Second, among those with low intrinsic religiosity, the positive relationship between mistrust in God and depressive symptoms was much stronger. Third, among those with low intrinsic religiosity, the positive relationship between negative religious coping and depressive symptoms was also much stronger. Researchers concluded: “The findings highlight

the potential clinical significance of spirituality to mental health among Jews and provide a basis for future longitudinal, experimental, and treatment outcome research.”

*Citation:* Krumrei EJ, Pirutinsky S, Rosmarin DH (2013). Jewish spirituality, depression, and health: an empirical test of a conceptual framework. *International Journal of Behavioral Medicine* 20(3):327-336.

*Comment:* This is one of the first studies to present the concept of “Jewish spirituality,” which is developed in the conceptual framework of the article. These cross-sectional findings warrant future longitudinal research to help determine the direction of effect in these relationships, which if as the researchers suspect is confirmed, could lead to future intervention studies.

### Spiritual Struggles in Older Patients with Mood Disorder

Investigators explored the relationship between general religiousness, positive and negative religious coping, and depressive symptoms in 34 older patients with major depression or bipolar disorder who were admitted to Harvard’s McLean psychiatric hospital in Eastern Massachusetts. Participants were ages 55 to 89 years (mean 70.5), 53% were female, and 85% had education beyond high school; 47% had bipolar disorder and 53% major depression. Two-thirds reported a religious affiliation, of which the most common was Catholic (38%). Less than half (47%) reported certain belief in God (vs. 60% in surrounding community); 21% attended religious services weekly (vs. 30% in surrounding community); and 18% indicated they prayed at least once a day (vs. 41% in surrounding community). The Brief RCOPE was used to measure negative religious coping (spiritual struggle) and positive religious coping. **Results:** Spiritual struggle (feeling punished or abandoned by God) was strongly correlated with all measures of depression ( $r = +0.37$  with MADRS,  $r = +0.41$  with GDS) and mania ( $r = +0.35$  with YMRS). Interestingly, spiritual struggles were unrelated to religious affiliation (or lack thereof), belief in God, frequency of religious attendance, or frequency of prayer or scripture study. Controlling for other factors, spiritual struggle explained a significant proportion of the variance in observer-rated depression severity (19.4%), self-rated depression severity (17.7%), and observer-rated mania severity (12.5%). Private religious activity (prayer and scripture reading), in contrast, was inversely related to both observer-rated and self-rated depressive symptoms ( $r = -0.34$ ,  $p < 0.05$ , for MADRS, and  $r = -0.42$ ,  $p < 0.05$ , for GDS). Researchers concluded that spiritual struggle in older adults is an important risk factor for depression.

*Citation:* Rosmarin DH, Malloy MC, Forester BP (2013). Spiritual struggle and affective symptoms among geriatric mood disordered patients. *International Journal of Geriatric Psychiatry*, Dec 6 [E-pub ahead of print]

*Comment:* Despite the small sample and relatively little power to detect relationships, investigators found a strong connections between feeling abandoned or punished by God and symptoms of depression or mania in these hospitalized older patients. Furthermore, private religious activity (one of the best indicators of being religiously devout) was significantly and inversely related to depressive symptoms, regardless of how symptoms were measured. Finally, religious belief and practices reported by mood-disordered patients in this study were considerably less

EXPLORE...in this issue

1-4 LATEST RESEARCH

4 NEWS

4-5 EVENTS & RESOURCES

5-6 FUNDING Opportunities & CALENDAR

frequent compared to those of adults surveyed in the surrounding community.

### Religious Attendance, Social Adjustment and Depression

Researchers at Columbia University (NYC) conducted a 10-year follow-up of 173 adult offspring of depressed and non-depressed parents, seeking to predict the development of depression in those offspring based on frequency of religious attendance and social adjustment at baseline. Participants with depressed parents (n=118) were considered "high risk" for developing depression and those with non-depressed parents (n=55) were considered "low risk." The Social Adjustment Scale was the measure used to assess social adjustment. Religious affiliations of participants were Catholic (65.1%), Protestant (17.5%), Jewish (5.4%), and other (12.1%). **Results:** In multivariate models controlling for gender, age, history of depression, and social readjustment, religious service attendance (at least once per month) predicted a 60% lower likelihood of developing depression during the follow-up period for high and low risk participants combined (OR=0.40, 95% CI 0.16-1.01, p=0.05). Likewise, high social adjustment predicted a significantly lower likelihood of developing depression (OR=0.25, 95% CI 0.11-0.59, p<0.01). For those in the high risk group, only high social adjustment predicted a lower likelihood of developing depression (OR=0.19, 95% CI 0.07-0.56), whereas religious attendance did not (OR=0.44, 95% CI 0.14-1.35). For those in the low risk group, however, only religious attendance tended to predict a lower likelihood of developing depression (OR=0.17, 95% CI 0.02-1.19, p=0.07), whereas high social adjustment did not (OR=0.25, 95% CI 0.04-1.63). Researchers concluded that frequent religious attendance may help to protect against major depression independent of social adjustment, and that social adjustment may only be protective among those at high risk for depression.

*Citation:* Barton YA, Miller L, Wickramaratne P, Gameraoff MJ, Weissman MM (2013). Religious attendance and social adjustment as protective against depression: A 10-year prospective study. *Journal of Affective Disorders* 146:53-57  
*Comment:* Although religious attendance tended to prevent the development of major depression independent of social adjustment, the effect size was not overwhelming. However, once per month religious attendance is also a relatively weak measure of attendance, especially among a predominantly Catholic sample, where weekly attendance is the norm for religious Catholics.

### Psychiatric Illness among Seventh Day Adventists and Baptists in Denmark

Danish researchers analyzed data from a cohort of 5,614 SDA and 3,663 Baptists followed from 1970 to 2009, comparing them to members of the general population of Denmark on psychiatric hospitalizations. Psychiatric hospitalizations and reasons for admission were determined through the national Danish Psychiatric Central Register (PCR), which contains information on psychiatric hospitalizations for the entire country. The incidence of psychiatric disease in these two religious groups was compared to that in the general Danish population during the same time period. Using data from the national health registry, a standard mortality ratio (SMR) was calculated based on the ratio of observed and expected number of deaths and a standardized incidence ratio (SIR) was estimated as the ratio between the observed and expected number of psychiatric admissions. All analyses were stratified by gender. **Results:** Compared to the general Danish population, SMR was significantly lower for both SDAs (females: SMR=90, 95% CI 87-93; males: SMR=79, 95% CI 75-83) and Baptists (females: SMR=77, 95% CI 72-82; males: SMR=70, 95% CI 65-76). In women, admission for affective disorders (depression and bipolar disorder) was significantly more common among SDA women (SIR=169, 95% CI 144-198) and among Baptist women (SIR=145, 95% CI 118-176) compared to

the general population. However, admission for schizophrenia was significantly less common among Baptist women (SIR=45, 95% CI 18-92) and no different in SDA women. Furthermore, admission for alcohol-related disorders and for drug addiction was significantly less common for both SDA and Baptist women, compared to women in the general population (SIR=28, 95% CI 17-43, for alcohol disorders, and SIR=26, 95% CI 8-60, for drug addition in SDA; SIR=33, 95% CI 20-51, for alcohol disorders, and SIR=25, 95% CI 7-63, for drug addiction in Baptists. In men, admission for affective disorders was significantly less common in Baptists (SIR=64, 95% CI 44-91) and no different in SDAs. Admission for schizophrenia tended to be less common among Baptist men (SIR=44, 95% CI 14-103) than among men in the general population, a find that was similar to that in Baptist women. Like among women, admissions for alcohol disorders and drug addiction was significantly less common among SDA and Baptist men compared to men in the general population (SIR=34, 95% CI 20-54, for alcohol disorders, and SIR=7, 95% CI 0-39, for drug addiction, in SDA men; SIR=34, 95% CI 19-57, for alcohol disorders, and SIR=34, 95% CI 9-88, for drug addiction in Baptist men). Researchers concluded that there was an increased rate of affective disorders in SDA and Baptist women (especially depressive disorder), for which they had no clear explanation. They speculated that this might be due to religious marginalization due to minority group status, hesitation to take antidepressant medication due to religious teachings, or being disempowered or suffering entrapment due to the religious beliefs of the group toward women.

*Citation:* Thygesen LC, Dalton SO, Johansen C, Ross L, Kessing LV, Hvidt NC (2013). Psychiatric disease incidence among Danish Seventh-day Adventists and Baptists. *Social Psychiatry and Psychiatric Epidemiology* 48:1583-1590

*Comment:* The finding of an increased rate of depressive disorders in women is an interesting and important finding. However, this finding appears to have been emphasized far above the fact that affective disorders were less common in Baptist men, schizophrenia was less common among both Baptist women and men, and that alcohol-related disorders and drug addiction was substantially less common in SDAs and Baptists, both men and women. These findings are striking given that they come from a country where only about 3% of church members in the general population attend religious services regularly.

### Psychologists' Attitudes Toward Spirituality/Religion

Members of the Association for Behavioral and Cognitive Therapies (ABCT) were surveyed on their attitudes toward spirituality/religion (S/R). This brief (5 minute) online survey sent out to the Association's email list-serve was completed by 262 ABCT members. Of those who responded, 124 were full members, 33 were new professional members, and 105 were student members. ABCT has a Spiritual/Religious Issues in Behavioral Change Special Interest Group, and 31 members (12%) of this group also completed the survey. Demographics of respondents were 72% male and 89% White. **Results:** Religious affiliations were 22% Jewish, 18% Protestant, 13% Catholic, and 30% no religious affiliation; 47% reported no belief in a personal God; 64% attended religious services either rarely or never; 57% prayed once/month or less; and 51% said religion had little or no personal importance to them. When asked how often S/R issues were relevant in the treatment they provided, 15% said often or always. When asked how often they inquired about or assessed their clients' S/R, 51% said often or always did so and 19% said rarely or never. When asked if S/R was included in their training, 6% said often or always and 71% said rarely or never. When asked if they were interested in further training on integrating S/R into therapy, 47% said mostly or very much, whereas 25% said slightly or not at all. The two strongest predictors of positive attitudes toward S/R and addressing S/R in mental

health/treatment were (1) personal S/R and (2) exposure to S/R in their training. Personal S/R and having training in S/R interacted with each other in predicting positive attitudes toward integrating S/R into practice: training increased the integration of S/R into clinical practice regardless of the practitioners' level of personal S/R involvement.

*Citation:* Rosmarin DH, Pirutinsky S, Green D, McKay D (2013). Attitudes toward spirituality/religion among members of the Association for Behavioral and Cognitive Therapies. Professional Psychology: Research and Practice [E-pub ahead of print]

*Comment:* Note that the figures presented above in terms of personal S/R and attitudes toward S/R in clinical practice represent a "best case scenario." The reason is because only those who were interested in the topic (i.e., those who were more S/R) likely took the time to fill out the online survey. The brevity of the survey (5 minutes) may have reduced this response bias to a degree, but did not likely eliminate it. Furthermore, 12% of respondents were from the ABCT's special interest group in spirituality. Their inclusion likely increased favorable responses to S/R even higher. Lack of personal S/R involvement by therapists and lack of it in their training has created a profession that on the whole is not particularly sympathetic to the integration of patients' S/R beliefs into therapy. The openness of many to more training, however, is encouraging.

### **Spirituality in the Medical School Curriculum in New Zealand**

Researchers from the University of Sydney School of Medicine (Australia) conducted qualitative interviews and a quantitative survey of persons involved in curriculum development at medical schools in New Zealand. Fourteen qualitative interviews were first conducted with curriculum development personnel at the Dunedin School of Medicine, and was followed by an electronic survey that was completed by 73 participants. **Results:** Although spirituality is considered an important part of healthcare by many of those involved in medical education in NZ, there is little consensus on exactly what "spirituality" involves. Researchers concluded that there was need for further discussions regarding what spirituality is and how it should be taught in medical school.

*Citation:* Lambie D, Egan R, Walker S, Macleod R (2013). How spirituality is understood and taught in New Zealand medical schools. Palliative & Supportive Care, Oct 29 [E-pub ahead of print]

*Comment:* Unfortunately, details on this study are lacking since we only had access to the abstract. Nevertheless, it is clear that discussions are going on in both Australia and New Zealand regarding the role that spirituality plays in medical education. The biggest issue now is what *new* topics in medical education ought to be involved when integrating spirituality into the medical curriculum. This is the same issue that U.S. medical schools are grappling with, i.e., should spirituality be considered a completely humanistic concept equivalent to ethics or palliative care, or should it have something to do with religion or the Transcendent that is truly distinctive and different than is currently being done.

### **Spiritual Transcendence in Advanced Cancer**

Oncology and palliative care researchers at Cantonal Hospital in St. Gallen (eastern Switzerland), observed 251 patients with advanced cancer or hematological malignancies over a 12-month period (25% of all patients admitted to two oncology units at the hospital). Qualitative observations were made by participant observation, rather than by administration of questionnaires or surveys. Observations were made by what appeared to be a single psycho-oncologist/music therapist. Spiritual experiences of transcendence were not defined a priori, but were left up to the patient. Only if both patient and therapist agreed was an experience labeled as spiritual and included, and in doubtful cases, it was excluded. When patients seemed confused, the therapist discussed the case with physicians and nurses, and if the

experience was thought to be due to delirium or psychosis, it was excluded. **Results:** Over half of the patients (135 of 251) reported one or more spiritual experiences. Religious affiliations of patients with these experiences were Catholic (49%), Protestant (33%), Muslim (3%), other religious affiliation (5%), and no affiliation (9%). Of those with spiritual experiences, 30 (22%) died within minutes to one hour after expressing the experience and 42 (31%) died several days or weeks after the experience. All spiritual experiences were communicated spontaneously without prompting. The most common content of spiritual experiences involved seeing or experiencing angels (49%), deep experiences of Being/God/Wholeness (75%), and experiences of struggle and darkness (41%). These spiritual experiences were new ones for 36% of patients (n=49). Of those reporting such experiences, over 50% (n=68) explicitly talked about God [including 9 patients who had previously considered themselves atheist/agnostic]. Specific types of experiences were "oneness" (unio mystica) (41%), "Otherness" (44%), God as father/mother (34%), God/the divine amidst suffering (33%), and Spirit/energy (49%). These experiences were recurrent in 29% (n=39) and long term, i.e., lasting for hours or days, in 21% (n=29). Consequences of having the spiritual experiences (most of the time offered spontaneously) were a better body awareness and altered sense of the here and now (100%), less or no pain (53%), less or no anxiety (56%), and an altered attitude toward God/the divine (50%). The researchers concluded that "The occurrence of spiritual experiences seems to be frequent and associated with profound, powerful reactions."

*Citation:* Renz M, Mao MS, Omlin A, Bueche D, Cerny T, Strasser F (2013). Spiritual experiences of transcendence in patients with advanced cancer. American Journal of Hospice & Palliative Medicine, Dec 2 [E-pub ahead of print]

*Comment:* This is a qualitative study, and all interviews appear to have been conducted by a single therapist, which may have introduced bias in terms of what was considered a spiritual experience. Furthermore, the supportive-spiritual therapy administered may have had an effect on eliciting some of the experiences, although the authors claim that the therapy only focused on the "here and now." The findings, however, are fascinating and thought-provoking, especially since they come from residents of a relatively secular European country.

### **Spiritual Well-Being in Hospice Patients and Caregivers in Botswana**

In a mixed-methods study using both qualitative and quantitative methods, Yale University researchers focused on the experiences of 28 primary caregivers of persons in hospice who died within 14 months of the interview in the African country of Botswana. The primary aim of the research was to describe the quality of life and emotional and spiritual well-being of patients and caregivers in this desperately poor part of the world. All patients were receiving care and support from a nongovernmental hospice (Holy Cross Hospice), which provides inpatient, adult day care, and home-based care, along with food and transportation assistance (supported by donations and sponsoring religious communities). Interviews were conducted with caregivers using open-ended questions, and included the administration of the quantitative 33-item Quality of Death and Dying questionnaire (QODD). The average age of caregivers was 36, and it was 50 for those who had died. **Results:** Caregivers were asked to rank their loved one's overall quality of life at the time of death from 0 to 10, where 0 meant a "terrible experience" and 10 meant an "almost perfect experience." Nearly three-quarters (71.4%) ranked it a 0. Nearly half (43%) indicated that their loved one did not maintain their dignity and self-respect any of the time. Slightly over half (54%) said decedents had not cleared up bad feelings with others at the time of their deaths, and only half (50%) said that their loved ones appeared to find meaning and purpose in his/her life. From an emotional standpoint, 57% of caregivers indicated that their loved

ones appeared to feel at peace most of the time when they were dying, whereas 50% indicated that the decedent appeared worried all of the time about the strain on loved ones. From a spiritual standpoint, about half indicated that their loved one had received at least one visit from a religious or spiritual advisor in the last days or weeks of life; for 12 out of 13 who received a visit, caregivers ranked the experience as either a 9 or 10 on a scale from 0 to 10. Of the 15 who did not receive such a visit, all 15 ranked their experience a 2 or lower (again, with 0 being a terrible experience). Caregiver stress was widespread, with the majority reporting inadequate help with bathing of the decedent (57%) and a lack of food/groceries (57%). About one-third of caregivers indicated that they needed but did not receive emotional/spiritual support during this time.

*Citation:* Philips PL, Lazenby M (2013). The emotional and spiritual well-being of hospice patients in Botswana and source of distress for their caregivers. *Journal of Palliative Medicine* 16(11): 1438-1445

*Comment.* The findings reported here are sad and indicate a tremendous unfulfilled need. The one bright spot was the importance to both the patient and caregiver that visits from a religious or spiritual advisor played in improving the dying experience.

## NEWS

### Call for Papers: Society for the Scientific Study of Religion (SSSR)

SSSR was founded in 1949 by scholars in religion and the social sciences. The purpose of the society is to "stimulate and communicate significant scientific research on religious institutions and religious experience." On November 13, the Society sent out a call for papers to be presented at their annual meeting October 31-November 2, 2014. The theme of the 2014 meeting is "Building Bridges." Of particular focus for this meeting are the following: (1) the study of religion in diverse cultures and regions; (2) the study of religion within diverse faith traditions; (3) the inter-disciplinary study of religion (religious studies and social sciences); (4) new disciplines that study religion (cognitive science, evolutionary psychology, etc.); (5) methodology interaction in the study of religion (quantitative, qualitative, creative, etc.); and (6) the study of non-belief and atheism. Session and paper proposals must be submitted online at SSSR's website: <http://www.sssrweb.org>. Submissions open February 3, 2014, and close March 31, 2014, with notification of acceptance or rejection by April 30, 2014. Program chair this year is Ralph Hood.

## SPECIAL EVENTS

### The Collective Soul Symposium (Houston, Texas, January 31, 2014)

The Institute for Spirituality and Health (ISH) at Texas Medical Center has announced an advanced course for chaplains, ministers, clergy, spiritual care counselors, nurses, social workers, and other health professionals. The course is titled "Healing through the collective soul: Relieving physical, emotional, and spiritual suffering of persons with advanced illness and their caregivers." Guest speakers (along with 12 other speakers) include Kenneth Pargament, Ph.D., distinguished scholar in residence at ISH, and Christina Puchalski, M.D., from George Washington University. The purpose of this course is to provide a better understanding of the palliative care team's role in relieving biopsychosocial and spiritual suffering. It will be held from 7:30A to 6:00P at the MD Anderson Cancer Center, Onstead Auditorium in the Mitchell Building. For more information go to website:

<http://www.mdanderson.org/education-and-research/education-and-training/schools-and-programs/cme-conference-management/conferences/cme/conference-management-the-collective-soul-symposium-2014.html>.

### Caring for the Human Spirit (New York City, March 31-April 3, 2014)

The Healthcare Chaplaincy (HCC) invites chaplains, physicians, nurses, social workers and other professionals to attend this 4-day event if they are interested in understanding, participating in or expanding the evidence base of spiritual care. The results from six major new studies in the field of spiritual care and chaplaincy will be unveiled at this event. These studies were funded by a grant from the John Templeton Foundation given to HCC that involved six sub-grants to a variety of institutions to conduct research on chaplaincy and spiritual care. The institutions, project titles, and principle investigators are: (1) Harvard's Dana Farber Institute, "Hospital chaplaincy and medical outcomes at the end of life," Tracy Balboni; (2) Children's Mercy Hospital in Kansas City, "Understanding pediatric chaplaincy in crisis situations," John Lantos; (3) Duke University Medical Center, "Caregiver outlook: an evidence-based intervention for the chaplain toolkit," Karen Steinhauer; (4) Emory University, "Impact of hospital-based chaplain support on decision-making during serious illness in a diverse urban palliative care population," Tammie Quest; (5) University of California at San Francisco, "Spiritual assessment and intervention model (AIM) in outpatient palliative care for patients with advanced cancer," Laura Dunn; and (6) Advocate Health Care (Chicago), "What do I do?" Developing a taxonomy of chaplaincy activities and interventions for spiritual care in ICU palliative care," Kevin Massey. Conference organizers say that the latest research results from leaders in the fields of chaplaincy, oncology, and palliative care will be presented at this time. The meeting will be held at the New York Academy of Medicine (1216 Fifth Avenue, NYC), and registration opens in January. For more information see website:

<http://www.healthcarechaplaincy.org/caring-for-the-human-spirit-conference.html>.

### 6<sup>th</sup> Annual Muslim Mental Health Conference (Dearborn, Michigan, April 24, 2014)

The themes for this year's meeting are "Barriers to Access of Care in the Muslim Community" and "Training Imams as Mental Health Workers." Registration for the conference will open February 1, 2014. The conference will be held at The Dearborn Inn at 20301 Oakwood Blvd. For more information, watch for further conference and registration information at <http://www.psychiatry.msu.edu> (Department of Psychiatry, Michigan State University).

### 4th European Conference on Religion, Spirituality and Health (ECRSH14)

(Island of Malta, May 22-24, 2014)

The European Conference on Religion, Spirituality and Health will focus this year on the integration of religion and spirituality into clinical practice. Keynote speakers approach the topic from a broad range of professional backgrounds, including nursing, medicine, theology, and chaplaincy. For more information about the conference -- to be held on the beautiful historic island of Malta off the coast of Italy -- go to: <http://ecrsh.eu>.

### Spirituality and Health Research Workshop (Malta, May 18-21, 2014)

Preceding the ECRSH14 above will be a 4-day Pre-Conference Research Workshop. This workshop covers about 75% of the material presented during the Duke Summer Research Workshop below. The workshop is open to all those interested in doing research on religion, spirituality and health (including those of any educational level or degree, specifically theologians, chaplains,

physicians, nurses, psychologists, counselors, public health specialists, epidemiologists, or other health professionals). For more information go to:  
<http://www.ecrsh.eu/dynasite.cfm?dsmid=92326>

### **Duke Summer Spirituality & Health Research Workshops** (Durham, NC) (August 11-15, 2014)

Register early for a spot in our 2014 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 650 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**

### **Online Methodology Course for Beginning Researchers**

Professor Dr. Harald Walach from the Institute for Transcultural Health Studies & Samueli Institute (European branch) has recently announced (12/6/13) a free self-study methodology blog for beginning researchers in spirituality and health. For more information, go to: [http://www.europa-uni.de/en/forschung/institut/institut\\_intrag/Forschung/Free-Methodology-Online-Course.html](http://www.europa-uni.de/en/forschung/institut/institut_intrag/Forschung/Free-Methodology-Online-Course.html).

### **Judaism and Health: A Handbook of Practical, Professional and Scholarly Resources** (Jewish Lights, 2013)

Dr. Jeff Levin, who holds a distinguished chair at the Institute for Studies of Religion at Baylor University, and Michele Prince, from the Kalsman Institute on Judaism and Health at Hebrew Union College, have recently published a comprehensive resource on Judaism and Health (edited volume), which is equivalent to the Handbook of Religion and Health, but focuses on Judaism. The book jacket reads, "This comprehensive resource for the emerging field of Judaism and health encompasses basic and applied research and scholarly writing on scientific, clinical, bioethical, pastoral and educational themes, as well as communal and liturgical programming. With contributions from over thirty leading Jewish professionals, this is the most up-to-date summary of ongoing activities at the intersection of Jewish life and health, healing, medicine and healthcare." Available (\$50.00) at:  
<http://www.jewishlights.com/page/product/978-1-58023-714-7>.

### **Public Health & Faith Community Partnerships** (IHP, 2014)

The Interfaith Health Program at Emory University (closely associated with Emory's School of Public Health), in partnership with the Association of State and Territorial Health Officials, will be publishing a resource guide and toolkit titled "Public Health and Faith Community Partnerships: Model Practices to Increase Influenza Prevention Among Hard to Reach Populations." It will "provide strategies to identify and engage faith-based organizations as partners in its community health promotion and disease prevention outreach. Designed for both public health and religious leaders, the guide seeks to contribute to partnership-building capacity and to enhance the ability of public health to reduce the spread of influenza... The guide contains a set of model practices commonly employed across a network of ten diverse health, faith, and community based-organizations that reached large numbers of vulnerable, at-risk, hard to reach, and minority populations with influenza prevention services." This periodical will be available for download from the IHP website in

early 2014 (<http://ihpemory.org/2013/12/01/public-health-and-faith-community-partnerships-2/>).

### **Spirituality in Patient Care, 3rd Ed** (Templeton Press, 2013)

The 3rd edition provides the latest information on how health professionals can integrate spirituality into patient care by identifying and addressing the spiritual needs of patients. Chapters are targeted to the needs of physicians, nurses, chaplains, 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's Research Workshop on Spirituality and Health (see above), and is packed full of information necessary to conduct research on this topic. Available (\$39.96) at:  
<http://templetonpress.org/book/spirituality-and-health-research>.

## **FUNDING OPPORTUNITIES**

### **Faith, Spirituality and Health Grants – 2014 Competition**

The Covenant Health Research Centre and St. Joseph's College at the University of Alberta in Edmonton, has issued a call for letters of intent for research and projects that examine the interaction of faith, spirituality, health and healing. These grants are intended to support research and education that: (1) documents the effects of religious or spiritual practices on health (where "health" is broadly defined as more than physical health, but as human flourishing; and health includes the promotion and maintenance of health, along with the prevention and treatment of disease); (2) investigates the mechanisms by which religion and spirituality may impact health; (3) explores how spiritual/religious values and beliefs impact health-related decision making; (4) investigates the ways medical professions integrate spirituality into their practice, along with educational methods that include spirituality in training for healthcare providers; and (5) interprets what the findings mean for individuals, congregations, academic communities and healthcare providers through transdisciplinary collaboration. Maximum amount that can be requested is \$25,000 CDN, and up to 3 grants will be awarded. The grant is open to academics, students and healthcare providers/clinicians of all nationalities, and may be used for research (including theses and dissertations) and educational projects (including conferences or symposia), but not applicants' salaries. Deadline for submission of letters of intent is **February 3, 2014**. Successful applicants will be notified by March 7 and will be asked to submit full proposals, which will be due May 12. Applicants will be notified of the decision on June 18. For more information go to website:  
<http://www.caritas.ab.ca/Home/Research/ForResearchers/GrantRequests/Faith+Spirituality+Health+Grant>.

### **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 **February 2 and April 1, 2014**. If the funding inquiry is approved (applicant notified by May 2, 2014), the Foundation will ask for a

full proposal that will be due September 2, 2014, with a decision on the proposal reached by December 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>.

#### Grand Challenges Explorations

On November 20, the Bill & Melinda Gates Foundation announced grant awards for the latest round (Round 12) of the Grand Challenges Explorations program. Over 80 new grants of \$100,000 were made to investigators from 14 countries through this program during that round. The initiative funds innovative ideas to solve some of the greatest challenges in global health and development. Persons from any discipline can apply, from students to tenured professors. This initiative uses an accelerated grant-making process with short two-page applications and no preliminary data are required. Applications are submitted online and winning grants are chosen approximately 5 months from the submission deadline. Initial grants of \$100,000 are awarded two times a year. Successful projects have the opportunity to receive a follow-on grant of up to \$1 million. The next round of Grand Challenges Explorations (round 13) will open in **March 2014**. For more information go to website: <http://www.grandchallenges.org/Explorations/Pages/ApplicationInstructions.aspx>. Identifying ways that religious involvement and faith-based programs can improve global health is a novel idea that needs to be explored, and here is a potential source of funds to do just that.

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

## 2014 CSTH CALENDAR OF EVENTS...

### January

- 23 **Wellness in Aging and Caregiver Stress**  
Senior Health Support of the Triangle  
Durham, North Carolina  
Presenter: Koenig  
Contact: Rollin Burhans, M.D.  
(<mailto:rollin@burhansfamily.com>)
- 29 **To heal and restore broken bodies: The role and impact of pastoral care on the outcomes of burn patients**  
C. Scott Hultman, MD, MBA, FACS  
Ethel and James Valone Distinguished Professor of Surgery Chief and Program Director UNC Burn Reconstruction and Aesthetic Center  
Durham, North Carolina  
Center for Aging, 3rd floor, Duke South, 3:30-4:30  
Contact: Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))

### February

- 2 **A Christian response to those with chronic mental illness**  
Healthy Ministries, University United Methodist Church  
Chapel Hill, North Carolina  
Presenter: Koenig  
Contact: Jane Campbell ([janegerocns@aol.com](mailto:janegerocns@aol.com))
- 26 **Pastors' reactions to research on spirituality and health**  
William H. Willimon  
Bishop, United Methodist Church  
Professor of the Practice of Christian Ministry, Duke Divinity School  
Durham, North Carolina  
Center for Aging, 3rd floor, Duke South, 3:30-4:30  
Contact: Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))