CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health Volume 2 Issue 1 July 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.

LATEST RESEARCH AT DUKE

Religion-Mental Health Relationships in the West and the Middle East

Most of the research on religion and health has come out of Christian populations in the West. Are these relationships similar in Middle Eastern countries with largely Muslim populations? This paper examines similarities and differences between Christian and Muslim beliefs, practices, and values. It then reviews quantitative research on religion and mental health from around the world conducted between 1872 and 2010 (90% in Western countries with primarily Christian populations), and compares these findings to research results from studies conducted in the Middle East and other countries with large Muslim populations (including Egypt, Malaysia, Pakistan, etc.). Results suggest that relationships between religious involvement and mental health outcomes in Middle Eastern countries with largely Muslim populations are similar to those seen in Western countries made up of predominantly Christian populations. This includes results from clinical trials in these religious groups examining the effectiveness of religious psychotherapy for depression and anxiety.
Citation: Koenig HG, Al Zaben F, Khalifa DA (2012). Religion, spirituality and mental health in the West and the Middle East. Asian Journal of Psychiatry 5:180-182
Comment: Given similar monotheistic religious beliefs, common religious practices, and very similar values and morals, it is not surprising that relationships between religious involvement and mental health are similar in Christian and Muslim populations. However, while increasing in recent years, there are still very few studies on religion and health coming out of Muslim populations in the Middle East, especially on physical health. More systematic quantitative research is needed in Muslim-majority countries to determine if this general trend in findings remains true for both mental and physical health.

LATEST RESEARCH OUTSIDE DUKE

Religious Attendance, Diabetes and Hypertension in Canada

Researchers at McMaster University (Ontario, Canada) analyzed data from the Canadian Community Health Survey to determine relationships between religious attendance and prevalence of coronary heart disease (CHD), hypertension, diabetes, and other CHD risk factors. Data from the province of Saskatchewan was used in this analysis, and involved a representative random sample of 5,442 adults aged 18 or older. Note that 1,629 with no religious affiliation were excluded from the analysis since the question about religious attendance was only asked to those with a religious affiliation. Religious attendance was once/year or less in 38%, 3-4 times/year to weekly in 35%, and weekly or more in 27%. Logistic regression was used to determine predictors of CHD, diabetes, and hypertension (self-reported diagnoses given by a physician), while controlling for confounders (age, gender, marital status, immigrant status, ethnicity, geographical region, education, income) and explanatory variables (health behaviors --physical activities, diet, and smoking). After controlling for confounders, compared to those attending once a year or less, CHD was 27% less likely in those attending religious services 3-4 time/yr to up to once/wk (OR=0.73, 95% CI 0.53-1.00, p<0.05) and 20% less likely in those attending services once/week or more (OR=0.80, 95% CI 0.60-1.07, p>0.05). When controlled for, health behaviors explained this relationship, reducing the differences slightly to non-significant levels (OR=0.75 and OR=0.82, respectively). With regard to diabetes, weekly or more attendance was associated with a 40% reduction in rate compared to attendance once/year or less (OR=0.60, 95% CI 0.45-0.80, p<0.05), with analyses controlling for confounders and explanatory variables (health behaviors). With regard to hypertension, weekly or more attendance was associated with a 18% reduction in rate compared to infrequent attendance (OR=0.82, 95% CI 0.68-0.99, p<0.05), again after controlling for other variables. Investigators concluded that religious service attendance may be associated with lower rates of CHD, diabetes, and hypertension.
Citation: Banerjee AT, Boyle MH, Anand SS, Strachan PH, Oremus M (2012). The relationship between religious service attendance and coronary heart disease and related risk factors in Saskatchewan, Canada. Journal of Religion and Health DOI 10.1007/s10943-012-9609- 6 (online report ahead of print)
Comment: This is a pretty impressive study given the large random sample and statistical control for multiple confounders. The findings are consistent with several large epidemiologic studies in the U.S. (except for the relationship with diabetes, which to my knowledge is the first report of such a relationship in a large random sample). Furthermore, the findings are probably underestimated since nearly a quarter of the sample was eliminated from the analysis because they did not have a religious affiliation; the results may have been even more significant if those without a religious affiliation had been included as part of the group that attended religious services infrequently or not at all (thus increasing the study's power and range of responses). Although the findings here are important, the cross-sectional nature of the study limits causal inferences.

Are Religious Diabetics More Compliant with Treatment?

Adult outpatients with diabetes seen at a family medicine clinic in South Carolina were surveyed (n=47) to determine the impact of religious/spiritual involvement on compliance with provider recommendations regarding health. Patients completed a survey that assessed their religiosity and spirituality, asked about whether they perceived their providers to be spiritual or religious, and inquired about their compliance with treatment recommendations

(exercise, diabetes testing, advice about health). Providers (11 physicians, 2 nurse practitioners) were also surveyed. Providers completed both the patient survey and questions specific to their patients, including whether they used spiritual concepts to teach about health. The primary outcome variables were Hemoglobin A1C levels and random blood sugar levels by finger stick, as well as self-reported compliance with provider's health recommendations. Patients were quite religious, with 85% participating in church or other religious meetings regularly; three-quarters of patients also perceived their providers to be spiritual or religious. Results indicated a significant positive correlation (1) between providers using spiritual concepts to teach about health (both whether this was done and how frequent it was done) and patients' self-reported frequency of exercise; (2) between patients' perceiving their provider to be religious or spiritual and following provider's recommendations concerning their health; and (3) between time spent by patient in religious activities like prayer, meditation and Bible study and good random finger stick blood sugars. There was no relationship between provider or patient religiosity/spirituality (or patients' perceptions of their providers religiosity/spirituality) and Hemoglobin A1C levels. Seventy-seven percent of providers said their own spiritual/religious practices had an impact on their patients.
Citation: Leone AF (2011). Improving compliance: Does it matter to your patients if you are spiritual? Journal of the South Carolina Medical Association 107 (April):42-47
Comment: This small study suggests that the use by providers of spiritual concepts to teach about health and perceptions of patients that their providers were spiritual/religious increased patients' compliance with treatment in this highly religious sample of diabetic patients. Thus, in highly religious areas of the country, the concordance between patient and providers religiosity/spirituality may help to increase compliance with treatment.

Role of Prayer in Healing in Karachi, Pakistan

Investigators at Aga Khan University administered a questionnaire to 400 patients being seen in a university-affiliated family practice community health center in Karachi, Pakistan. The purpose of the study was to document the practice of and belief in offering prayers for healing by clinic patients. The mean age of patients was 34.4 years, 65% were male, and two-thirds had at least 12 years of education or more. Religious affiliation was Sunni Muslim in 81%. Nearly all respondents (96%) agreed that prayers can heal disease, 92% said that healing through prayer has a religious basis, and 90% said they themselves had experienced healing through prayer. Furthermore, 93% said that praying regularly can help prevent disease in self or family, and 98% said they would use prayer for healing in the future. Fewer said that prayer could shorten the duration of disease or illness (75%) and only 40% said that prayer could prolong life. The Holy Quran was also viewed as a source of healing; 82% said that reciting verses from the Quran, blowing into water, and then drinking the water causes healing of disease. In addition, 48% said that wearing a taweez (amulet or charm) could help heal a disease. Finally, 98% of the 400 patients said that prayers for healing should be combined with medical treatment. Researchers concluded that there is widespread belief in the ability of prayer to healing by medical outpatients in Pakistan.
Citation: Qidwai W, Tabassum R, Hanif R, Khan FH (2009). Belief in prayer and its role in healing among family practice patients visiting a teaching hospital in Karachi, Pakistan. Pakistan Journal of Medical Science 25(2): 182-189
Comment: Although this is an older study (i.e., 2009), the inclusion here is relevant to give readers a sense of how important religion is to healing in Muslim patients. One can hardly ignore the fact that 9 out of 10 patients in this university-affiliated clinic say they have personally experienced healing in response to prayer.

Most Common CAM Practice for Women in USA

What is the most common type of Complementary and Alternative Medicine (CAM) treatment that mid-life women in the United States use to maintain their health?
Researchers analyzed data from the 2002 National Health Interview Survey (NHIS) involving a random national sample of 5,849 women ages 40-59 years. Overall, 46% of women used some type of CAM treatment in the past 12 months, with the most common being herbs (25%), other natural products (9%); relaxation techniques (deep breathing exercises 17%, progressive relaxation 6%) ; chiropractic care (10%); yoga (8%), tai chi (1%), or qi gong (0.5%); and massage (7%). However, the most common CAM practice used for health was PRAYER (54%).
Citation: Upchurch DM, Dye CE, Chyu L, Gold EB, Greendale GA (2010). Demographic, behavioral, and health correlates of complementary and alternative medicine and prayer use among midlife women: 2002. Journal of Women's Health 19 (1):23-30
Comment: Using highly reliable data from the NHIS, this study documents the wide use of prayer for health reasons among middle-aged women in the U.S. This study shows that prayer is more commonly used for health reasons than are all other CAM practices combined.

Religious/Spiritual Assessment by Psychiatrists in Switzerland

Huguelet and colleagues at the University of Geneva, Switzerland, randomized 78 outpatients with schizophrenia to either traditional treatment (n=38) or traditional treatment plus a religious and spiritual assessment (n=40). Eight psychiatrists were trained to do the religious/spiritual assessment. Results indicated that spiritual assessment was well-tolerated by patients, and none spontaneously expressed concerns about the assessment to their psychiatrists. Psychiatrists also felt comfortable with the assessments, felt that such assessments were not contraindicated for any of the patients they saw, and in 67% of patients, felt that the spiritual assessment provided potentially useful information for clinical care. Although there were no differences in medication adherence or satisfaction with care after three months, patients receiving the spiritual assessment had significantly better adherence to clinical appointments during follow-up (p=0.02).
Citation: Huguelet P, Mohr S, Betrisey C, Borras L, Gillieron C, Marie AM, Rieben I, Perroud N, Brandt PY (2011). A randomized trial of spiritual assessment of outpatients with schizophrenia: patients' and clinicians' experience. Psychiatric Services 62(1):79-86
Comment: This is only the second study, to my knowledge, that has examined the impact of conducting a spiritual assessment on patients and clinicians. The first study was by Jean Kristeller and colleagues at Indiana State University in 2004 (*International Journal of Psychiatry in Medicine* 35 (2005): 329–47) in oncology patients. The study summarized above is the first to examine spiritual assessments in psychiatric patients, particularly those with schizophrenia. The positive experiences reported by both patients and psychiatrists should diminish the anxiety of clinicians who were taught for decades that bringing up spiritual issues could worsen the patient's condition by exacerbating their psychosis.

Development of a Mature Religiosity Scale for Europeans

Investigators from the Netherlands developed a 16-item mature religiosity scale based on both the psychological and theological literature for use in Europe in particular. Developed primarily for Christians, the scale was administered to 171 church members and 165 outpatients at Christian mental health clinics.
Relationships between scores on this scale and other measures of religiosity, religious coping, and religious well-being were examined, along with relationships to anxiety and general well-being. The measure consists of 16 questions with responses to each item ranging from 1 (totally agree) to 5 (totally disagree), with

a mean of 1.88 (SD 0.50) per item. Factor analysis revealed a single factor with a Cronbach's alpha of 0.92 (high inter-item correlations suggesting that they are all measuring the same thing). The scale is strongly correlated with the three intrinsic items of the Duke Religion Index (r=+0.84), with the Religious Well-being subscale of the Spiritual Well-Being Scale (r=+0.83), and with Positive Religious Coping (r=+0.72); as expected, it is also inversely related to Negative Religious Coping (r=-0.40). Finally, the scale is related to greater general well-being (r=+0.61) and inversely related to anxiety (r=-0.48) (all p's <0.001). This measure is also correlated with religious practices such as religious attendance (r=+0.31), praying (r=+0.44), and Bible reading (r=+0.40). Thus, the scale has good internal reliability, good to excellent convergent validity, and the items themselves have good content validity (with two possible exceptions - see below). The complete scale is contained in the paper, although researchers should seek permission from the authors before use.
Citation: De Vries-Schot MR, Pieper JZT, Van Uden MHF (2012). Mature Religiosity Scale: Validity of a new questionnaire. European Journal of Mental Health 7:57-71
Comment: The only drawbacks of this scale are that it (1) does not assess extent of involvement in religious community activity (an indicator of mature religious faith, in my estimation); and (2) contains two items that assess more the outcome of mature religiosity ("I pursue high values such as love, truth, and justice" and "My sense of self-esteem is connected to who I am and not so much in what I have") than the core of mature religiosity itself. This would only be a problem if the scale were used in research that examines relationships with these outcomes. Furthermore, the populations in which the scale was developed (church members and mental health clinic patients) is somewhat restricted, so it would be helpful to see how the scale performs psychometrically in a more general population. Otherwise, this is a fine scale that Europeans will find useful in studying Christian populations, and probably Jewish and Muslim populations as well (based on the content of the questions themselves, which should be equally valid in these faith traditions).

Is Spiritual Life Important to Cancer Patients in Italy?

Researchers at the Clinical Epidemiology Unit, Institute for the Study and Prevention of Cancer in Florence, Italy, surveyed 252 patients receiving cancer treatment. Results indicated that 49% were both believers and attended religious services; 43% were believers, but didn't attend services; and the remaining 8% were non-believers (n=20). Of the non-believers, 7 indicated that they felt certain that God exists in some form, and 4 said they experienced peace through prayer or meditation. Interestingly, however, when asked where they would seek help if they needed it, only 30% of the entire sample said they would go to their faith community.
Citation: Miccinesi G, Proserpio T, Pessi MA, Maruelli A, Bonacchi A, Borreani C, Ripamonti C (2012). Is the spiritual life of cancer patients a resource to be taken into account by professional caregivers from the time of diagnosis? Tumori 98(1):158-161
Comment: Although this is a simple cross-sectional study of the prevalence of religious beliefs and practices, the nature of the population (cancer patients receiving treatment), the fair size of the sample, and the location of the study in an academic medical center in Italy, makes these results interesting and relevant. Even among non-believers (only 8% of the sample), one-third clearly had religious leanings (i.e., felt certain that God existed in some form). Of note, however, less than one-third said they would seek help from their faith community.

Spiritually-Integrated Psychotherapy for Women with Breast Cancer

Using a single group experimental design, 24 women ages 40 to 66 with stage 0-3 breast cancer (no metastasis, diagnosed within past 10 years) were treated with eight weekly 3-hour small group sessions of psycho-spiritual integrative therapy (PSIT) and assessed before, immediately after, and one month after completion of treatment. Quality of life (FACT-B), mood (Profile of Mood States), post-traumatic growth (PTGI), and meaning and faith (FACIT-Sp) were assessed at each time point. PSIT therapy focused on meaning and purpose, and other psychological factors. The spiritual part of therapy was relatively non-specific, largely consisting of mindful meditation, meditation on a sacred scripture, opening life to the sacred, and discussing the usefulnesss of spirituality in coping. Investigators made 21 comparisons, of which 11 were significant ($p<0.01$, if p value were adjusted for multiple comparisons). Improvements were primarily seen in quality of life, meaning and purpose, and mood scores, but there was no change in the faith subscale score of FACIT-Sp or in the spiritual change subscale score of the PTGI.
Citation: Garlick M, Wall K, Corwin D, Koopman C (2011). Psycho-spiritual integrative therapy for women with primary breast cancer. Journal of Clinical Psychology in Medical Settings 18:78-90
Comment: The intervention here (PSIT) was pretty weak on spirituality, and based largely on psychological issues (meaning and purpose, etc.). For the intensity of this intervention (24 hours of small group therapy) over 8 weeks, the benefits appear relatively minor, and there was no change in faith or spirituality scores (although quality of life, purpose and meaning in life, and mood did improve). Benefits appeared to decrease, however, by one month of therapy (only 5 of 21 comparisons remained significant at $p<0.01$ on follow-up evaluation).

Religious Attendance, Substance Use, and Academic Success in Canadian Adolescents

Researchers in the Department of Psychology at Brock University in Ontario, Canada, examined whether religious group activity (religious attendance) had a unique impact on adolescent substance use (alcohol/drugs) or academic performance compared to non-religious club activity. They analyzed data collected on 3,993 adolescents age 14 surveyed three to four times between 2003 and 2008 (subjects were included in the analysis if they completed at least two of the five surveys). Adolescents attended eight high schools in an Ontario school district, and 83-86% participated in the survey. Religious affiliations of the geographical area (not specifically participants) is 37% Catholic, 42% Protestant, 14% none, and 17% other (Muslim, etc.). Religious service attendance was measured by a single question with responses ranging from never (1) to every day (5). Non-religious activity consisted of attendance in school clubs and out-of-school clubs. Substance use included frequency of alcohol use, amount of alcohol use during each drinking episode, cigarette smoking, and marijuana use. Academic success was measured by a single question asking, "What grades do you typically get in school?" on a scale from 1 to 5. Control variables included gender, parental education, tolerance of deviance, temperament, friends' tolerance of substance use, friends' attitude towards academic success, parental control, and parental relationship quality. Uncontrolled correlations indicated that religious attendance in every year of school (9^{th} through 12^{th}) was significantly and positively related to academic success and significantly and negatively related to substance use. Although non-religious activity was also correlated positively and significantly with academic performance, it was not as consistently and inversely related to substance use. Using cross-lagged path analysis, adjusting for control variables, revealed that religious attendance was uniquely related to lower rates of substance use, whereas involvement in non-religious club activity was not; in contrast, after controlling for individual, peer, and family characteristics, religious attendance no longer predicted academic success, whereas non-religious club involvement continued to

predict greater academic success. The authors concluded that religious activity is not the same as any social activity, but is uniquely predictive of substance use; likewise, non-religious social activity uniquely predicts academic success.
Citation: Good M, Willoughby T (2011). Evaluating the direction of effects in the relationship between religious versus non-religious activities, academic success, and substance use. Journal of Youth & Adolescence 40:680-693
Comment: Initially, religious attendance was predictive of both lower substance abuse and better academic success. However, after controlling for covariates, religious attendance no longer predicted academic success in the final models. Nevertheless, some of the covariates controlled for in the analysis could have explained how religious attendance affected academic success, i.e., by infuencing attitudes toward tolerance of deviance, friends' attitudes toward academic success, parental control, and parental relationship quality.

Religion and Child Health in the U.S.A.

Using data from the 2002 Child Development Supplement to the Panel Study of Income Dynamics, researchers examined cross-sectional relationships between religious involvement and health in 2,604 children and adolescents ages 6-11, 12-15, and 16-19. Religious involvement was assessed in terms of religious affiliation, frequency of religious attendance, and importance of religion (determined by child/adolescent if age 12 or over, or by parent in children ages 6-11). Overall self-reported ratings of physical health were collapsed into two categories: good, fair or poor (0) and very good or excellent (1). Mental health was determined as "less healthy" (0) if child's last hospitalization was for mental health reasons or a suicide attempt, last doctor's visit was for mental health reasons, presence of any doctor diagnozed serious emotional disturbance or problem, or if parent indicated that child was often unhappy, sad, or depressed; if none of these were present, then the child was categorized as "more healthy" (1). Controlled for in the analysis were gender, race, child age group, breast-fed status, birthweight, marital status of parents, mother's education, family income, mother's work hours, and health insurance status. Results indicated that 90% of children were affiliated with a religion, 43% attended weekly or more, and religion was very important in 62%. Children who were affiliated with a religion had slightly better overall physical health (85% vs. 79%) and psychological health (79% vs. 73%). Children attending religious services weekly or more (vs. not attending) had marginally better physical health (85% vs. 82%) and better psychological health (82% vs. 74%), and those who indicated religion was very important (vs. not important) had marginally better physical health (85% vs. 81%) and better mental health (81% vs. 65%). Probit analysis and propensity score matching (regression econometric techniques) revealed positive and statistically significant associations between religious involvement and health, especially for psychological health and especially among youth ages 12-15 years old. Why religion appeared to have its greatest impact in the early teen years was not entirely clear, although researchers speculated that the beneficial relationship between religion and child health may have arisen partly because of better health and social behaviors, particularly while the child was still under the influence of parents. Researchers concluded that these findings could have implications for future U.S. health care costs.
Citation: Chiswick BR, Mirtcheva DM (2012). Religion and child health: Religious affiliation, importance, and attendance and health status among American youth. Journal of Family Economic Issues DOI 10:1007/s10834-012-9312-5 (online ahead of print).
Comment: Although the cross-sectional design was relatively weak, the differences not huge, and the measures of physical and mental health pretty poor, this was a nationally representative sample and used fairly sophisticated econometrics to document significant differences in health across all measures of religious involvement, particularly for mental health and in those aged 12-15 years (the early teen years). If true, as a large body of other accumulating research is suggesting, then these findings have health cost implications for future generations, particularly if the trend towards secularization among youth continues in the U.S.

Weight and Faith in Australia

Many studies in the U.S. find that religious involvement is related to being overweight. The emphasis on eating and fellowship appears to be one factor responsible for this, and a healthy appetite is one sin that is allowed and often supported in many faith traditions. However, little is known about the relationship between religion and weight in other areas of the world. The present study is the first of its kind in Australia. Researchers examined data collected on 9,408 adults aged 18 or older during the 2007 Australian Household Income Labour Dynamics Survey, one of the largest surveys in Australia containing information on both religious involvement and body mass index (BMI). Religious variables assessed were religious affiliation (Catholic, Protestant, non-Christian [Buddhists, Hindus, Muslims], Baptist, Jewish, other Christian [Brethren, Jehovah's Witnesses, Mormons], and no affiliation), frequency of religious attendance (never [1] to everyday [9]), and importance of religion (least imporant thing [0] to most important thing [10]). Controlling for socio-demographic factors (age, education, income, marital status, immigrant status), health behaviors (physical activity, alcohol consumption, smoking), and psychosocial variables (psychological distress, feeling rushed), investigators found that Baptist and Catholic men had significantly higher BMI than men with no religious affiliation ($p<0.01$ and $p<0.05$, respectively), although there was no relationship between BMI and either frequency of religious attendance or importance of religion (n=4,562). Among women (n=4,846), "non-Christians" had significantly lower weight ($p<0.05$) and "other Christian" had significantly higher weight ($p<0.01$) than women without a religious affiliation. Furthemore, while religious attendance was unrelated to BMI in women, importance of religion was inversely related, i.e., those who indicated that religion was more important to them had significantly lower BMI ($p<0.05$). Researchers hypothesized that when religion is highly important in women it may help them to control their food consumption; however, further research was recommended to verify this finding.
Citation: Kortt MA, Dollery B (2012). Religion and BMI in Australia. Journal of Religion and Health DOI 10.1007/s10943-012-9621-x (online ahead of print)
Comment: Studies in the U.S. find that Southern Baptists weigh the most, and non-Christians, Jews, and those with no affiliation weigh the least. However, the finding of an inverse relationship between religiosity and weight in Australian women is a new one.

NEWS

Templeton Foundation Funding in 2011

In 2011, the Templeton Foundation received 1,259 letter of intent for funding requests in the area of religion and science. Of those, 346 (27%) were asked to submit full proposals. A total of 942 expert reviews were requested for the 346 proposals. Eventually, 147 of the 346 were approved for funding (42%) for a total of $99.3 million in new grants. The average grant was for $648,000. Co-funding (i.e., the researcher provided funds toward the project either through their own institution or through other funding sources) was present for 26% of grants that were funded. For the Human Sciences section of the Foundation (in which religion and health research falls), 160 letters of intent were received and 18 full proposals were requested. Assuming that 42% of these were funded, this means that 8 proposals were funded (5% of the 160 letters of intent). The average grant request for the Human

Sciences was $575,000. The primary reasons for declining proposals were lack of strategic promise (40%) and lack of donor intent (35%). At the National Institues of Health, the funding line is around 8% to 16%, depending on institute and depending on whether investigator is new or seasoned, although NIH has not traditionally been very friendly to religion and health research.

SPECIAL EVENTS

Last Chance to Register for 2012 Duke Spirituality & Health Research Workshops
Register now to ensure a spot in one of our research workshops on spirituality & health during the summer of 2012. Dates are July 16-20 and August 13-17, 2012, and both workshops are full but could accommodate a few more attendees. This is the last year that full ($1100) **tuition scholarships** will be available for those with strong academic potential and financial hardships; as of June 26, there were still 10 scholarships available for those with a financial need, academic promise, and primary research interests. For more information, see website: http://www.spiritualityhealthworkshops.org/.

RESOURCES

Food and Faith: A Theology of Eating
Written by Duke Divinity School professor Norman Wirzba, this book (Cambridge University Press, 2011) examines the subject of food and eating from a Biblical Christian perpsective. Read reviews of the book at: http://www.amazon.com/Food-Faith-A-Theology-Eating/dp/0521146240.

Annual Bibliography on Religion and Health
Chaplain John Ehman's latest annual bibliography of Medline-indexed articles on spirituality & health (for articles published during 2011) is now available as a PDF via the Penn Medicine Pastoral Care website at http://www.uphs.upenn.edu/pastoral/resed/bibindex.html.

Handbook of Religion and Health (Second Edition)
According to Google Scholar, the 1st edition of the *Handbook,* published in 2001, is the most cited of any book or research article on religion and health in the past forty years (Google 2011). This new edition is completely re-written, and in fact, really serves as a second volume to the 1st edition. The 2nd edition focuses on the latest research published since the year 2000 and therefore complements the 1st edition that examined research prior to that time. Both volumes together provide a full survey of research published from 1872 through 2010 -- describing and synthesizing results from over 3,000 studies. Because the Second Edition covers the latest original quantitative scientific research, it will be of greatest use to religion/spirituality-health researchers and educators. Together with the First Edition, this Second Edition will save a tremendous amount of time in locating studies done worldwide, as well as provide not only updated research citations but also explain the scientific rationale on which such relationships might be based. This volume (nearly 1200 textbook pages) will also be of interest to health professionals and religious professionals wanting to better understand these connections, and even laypersons who desire to learn more about how R/S influences health. Now available, at http://www.amazon.com/Handbook-Religion-Health-Harold-Koenig/dp/0195335953 ($117.31, discounted from $175.00; used copies available for as low as $86.80)

Spirituality & Health Research: Methods, Measurement, Statistics, & Resources
Released in November 2011, this book summarizes and expands the content presented in the *Duke Research Workshops on Spirituality and Health* (see below), and is packed full of information necessary to conduct research in this area acquired over 25 years by the author. No researcher in spirituality and health should be without it. Available at: http://templetonpress.org/book/spirituality-and-health-research ($30.39).

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry (OFI)
The Templeton Foundation is accepting letters of intent for research on spirituality and health (**Aug 1- Oct 15, 2012**). If the funding inquiry is approved (applicant notified by Nov 26, 2012), the Foundation will ask for a full proposal that will be due Nov 27-Mar 1, 2013, with a decision on the proposal reached by June 21, 2013. More information: http://www.templeton.org/what-we-fund/our-grantmaking-process

2012 CALENDAR OF EVENTS…

July

16-20 Spirituality and Health Research Workshop
5-day summer workshop
Presenters: Blazer, Oliver, Verhey, Carson, Williams, Koenig
Durham, North Carolina
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

25 Research in Mindfullness Meditation
Spirituality and health research seminar
Jeffrey M. Greeson, Ph.D., M.S.
Duke Center for Integrative Medicine
Center for Aging, Duke University Med Center 3:30-4:30
Durham, North Carolina
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

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