

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

## LATEST RESEARCH

### Private Religious Activity and Increased Cardiovascular Risk?

Researchers at the University of Massachusetts and Rush University examined whether private religious activities (PRA) predict adverse cardiovascular events (CVE) using data from the Women's Health Initiative (WHI). Of 161,808 women ages 50-79 recruited in 1994-1998 into the WHI, 93,676 women who were unwilling or ineligible to participate in WHI clinical trials were enrolled into a prospective study. Those who completed follow-up in 2005 and had no self-reported CVE through 2005 were recruited into an extension of the study with follow-up through 2010. The number of cases for the current analysis was 43,708 (27% of original sample). PRA were assessed 5 years after baseline, and average follow-up was seven years. CVE included non-fatal angina, myocardial infarction, congestive heart failure, coronary and carotid revascularization procedures, stroke, transient ischemic attack, peripheral arterial disease, and any fatal cardiovascular event. Results indicated a 16% increased risk of CVE for those who engaged in daily PRA compared to those who never did (HR=1.16, 95% CI 1.02-1.30), controlling for demographics, lifestyle, risk factors, and psychosocial characteristics. Researchers admitted that this small increase in CV risk was probably due to the mobilization of spiritual resources to cope with aging and age-related illness.

*Citation:* Salmoirago-Blotcher E, Fitchett G, Hovey KM, Schnall E, Thomson C, Andrews CA, Crawford S, O'Sullivan MJ, Post S, Chlebowski RT, Ockene J (2013). Frequency of private spiritual activity and cardiovascular risk in postmenopausal women: the Womens Health Initiative. *Annals of Epidemiology* 23:239-245

*Comment:* An accompanying commentary by Koenig and Faten was also published in this issue of the *Annals of Epidemiology* 23(5):246-247). In brief, women who participated in daily private religious activity (PRA) were more likely to have a history of severe chronic illness (39% vs. 17%) and poorer physical functioning compared to those in the never PRA group. Private religious activities such as prayer are not static indicators of religiosity, but instead are dynamic and often change in response to environmental circumstances -- especially declining

physical health. We suspect that the slightly higher risk for CVE in women frequently engaged in private religious activities was indeed due to the mobilization of these activities in response to declining health. Otherwise, it would be hard to explain why women who pray and read the Bible or other inspirational religious literature would be at greater risk for heart attack, stroke, or death. Until some good reasons are identified, other explanations are likely to account for the finding.

### Religion, Spirituality and Cardiovascular Disease

A comprehensive review of the relationship between religion, spirituality and cardiovascular disease has now been published in a mainstream Brazilian cardiovascular surgery journal (and is available for free download in English at [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0102-76382013000100015&lng=en&nrm=iso&tlng=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-76382013000100015&lng=en&nrm=iso&tlng=en)). This report elaborates on a review of 19 studies examining associations between religious or spiritual (R/S) involvement and cardiovascular disease or mortality that was presented in the *Handbook of Religion and Health* (2012). Of those studies, 12 (63%) reported significant inverse relationships between R/S and coronary artery disease. Of the 13 studies with the most rigorous methodology, nine (69%) found inverse relationships and one reported a positive relationship (from the Women's Health Initiative). The review also found that over two-thirds (69%) of 16 additional studies examining cardiovascular reactivity, heart rate variability, outcomes following cardiac surgery, and miscellaneous cardiovascular markers, reported better outcomes in those who were more R/S. Implications for cardiologists and cardiovascular surgeons in Brazil are suggested, emphasizing both future research and current applications to clinical practice.

*Citation:* Luchesse FA, Koenig HG (2013). Religion, spirituality and cardiovascular disease: research, clinical implications, and opportunities in Brazil. *Brazilian Journal of Cardiovascular Surgery* 28(1):103-128.

*Comment:* These findings are supported by an earlier review by Chida and colleagues [*Psychotherapy & Psychosomatics* 2009; 78(2), 81-90] which reported that the risk of cardiovascular mortality in the six studies, which followed participants for up to 31 years, was 28% lower in those who were more R/S (HR=0.72, 95% CI 0.58-0.89). These findings are not surprising given that among 14 factors that increase the risk of cardiovascular disease, 12 are less common in those who are more religious, including less cigarette smoking, lower serum cholesterol, lower pro-inflammatory markers, lower blood pressure, less sedentary activity, less alcohol use/abuse, better diet, lower stress level, less social isolation, lower hostility, lower pessimism, less hopelessness, lower anxiety, less depression, and less unhappiness. The two factors more common among the religious that increase CVD risk are heavier weight and higher risk of diabetes (partially related to heavier weight).

### Religiosity and Treatment Outcomes in Hepatitis C Infection

Investigators at Baylor College of Medicine in Houston surveyed and followed prospectively for 24 to 48 weeks a cohort of 87 patients with chronic hepatitis C infection, examining relationships between religiosity and treatment outcomes. Participants were

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60% female, 39% African-American, 31% Hispanic, and 29% White. Religiosity was assessed with two questions: "How much strength and comfort do you get from your faith?" and "How often do you attend a religious service?" Participants were categorized into high (n=38) and low (n=49) religiosity groups based on their responses to the two questions above. Results indicated that the frequency of being offered treatment, accepting treatment, and completing treatment were similar in both groups at baseline. Two-thirds of participants (n=56) completed followed evaluations after 24 and 48 weeks of treatment with peginterferon and ribavirin. Outcomes examined were side-effects and treatment response (sustained viral response or SVR). Results revealed that depression, reported as a side-effect of treatment, was more common among those in the low religiosity group (38.2% vs. 4.6%, p=0.005). Frequency of SVR was similar in the high religiosity and low religiosity groups (50.0% vs. 57.6%, respectively, p=ns). However, logistic regression analysis revealed that for males (but not females) those with higher religiosity were more likely to achieve SVR (viral eradication) than those with lower religiosity (OR=21.3, 95% CI 1.1-403.9, p<0.05).

*Citation:* Raghavan R, Ferlic-Stark L, Clarke C, Rungta M, Goodgame R (2013). The role of patient religiosity in the evaluation and treatment outcomes from chronic HCV infection. Journal of Religion and Health 52:79-90

*Comment:* Impressive odds ratio for a sustained viral response in high vs. low religious. Although the confidence interval is very large given the small sample size, we don't usually see odds ratios of this magnitude with regard to religion's effects on treatment response (i.e., over 20 times more likely to respond).

#### **Religious Attendance, Obesity, and Self-Rated Health**

Data were analyzed from a cross-sectional survey of a random sample of the U.S. adult population (n=2390, mean age 44), with oversampling of Black Americans (23%) and Hispanic Americans (23%), to determine how obesity might influence the relationship between religious attendance and self-rated health. Controlling for demographics, income, race, and number in household, logistic regression analysis indicated that religious attendance 1-3 times/month was associated with better self-rated health compared to no attendance (OR=1.24, 95% CI 1.01-1.51). No such relationship was found when in Blacks and Hispanics. Not surprising, body mass index (BMI) over 30 (obesity) strongly predicted lower self-rated health in the overall sample. When BMI was controlled for, however, the positive relationship between religious attendance and self-rated health increased in strength. Researcher concluded that obesity had a suppressor effect on the relationship between religious attendance and self-rated health.

*Citation:* Nam S (2013). The effects of religious attendance and obesity on health by race/ethnicity. Osong Public Health and Research Perspectives 4 (2):81-88

*Comment:* Given these results, although religious attendance and BMI were not directly examined, it is likely that they were positively and significantly related (as found in prior studies). Therefore, since greater BMI predicted lower self-rated health, when this influence was removed, the relationship between frequent religious attendance and self-rated health became even stronger. Researchers, then, should always control for BMI when examining relationships between religious involvement and health.

#### **Religion and Health Behaviors in American Latinos**

Researchers at Portland State, University of Texas, and Florida State University examined relationships between religious involvement and health behaviors in a population-based sample of 1,504 community-dwelling Latino adults in Texas. Religious affiliation and religious attendance were assessed, along with alcohol use/abuse and cigarette smoking. Results indicated that Latinos with no religious affiliation had the highest rate of binge drinking (44.7%), lowest rate of abstaining from alcohol (29.0%),

and highest rate of current smoking (34.2%). Protestant Latinos who regularly attended church had the lowest rate of binge drinking (6.8%), the highest rate of alcohol abstaining (79.6%), the lowest rate of current smoking (6.8%) and the highest rate of never having smoked (75.0%). Regression models controlling for gender, age, marital status, citizenship, education, income, and geographical location of residence, confirmed the relationships above. Researchers concluded that: "religion may serve as an important protective influence on risky health behaviors."

*Citation:* Garcia G, Ellison CG, Sunil TS, Hill TD (2013). Religion and selected health behaviors among Latinos in Texas. Journal of Religion and Health 52:18-31

*Comment:* For Latino Americans (at least those in Texas), being Protestant and attending religious services frequently seems to be related to a much healthier lifestyle. Since being Catholic may represent a nominal affiliation for many Latinos (the vast majority of whom are Catholic), those who convert to Protestantism may be more serious about their religion and more likely to conform their lifestyle to its teachings.

#### **Pre-Op Spiritual Intervention for Anxiety in Muslims**

Researchers at the University of Social Welfare and Rehabilitation Science in Tehran, Iran, randomly assigned 66 patients undergoing coronary artery bypass graft (CABG) surgery to either a pre-operative religious/spiritual intervention or a control group receiving usual care. The intervention consisted of five 45-60 minute spiritual/religious sessions (delivered in group format to 5-7 participants at a time) on five consecutive days during the week prior to surgery. The intervention was exclusively religious. After assessing views and beliefs regarding religion, the intervention focused on verses from the Qur'an and Hadith, trusting and relying on Allah, focusing on the blessings of Allah, remembering Allah and reading the Qur'an, and making supplication to Allah (Du'aa). The control group received routine nursing care, including routine perioperative care that included physical care and emotional reassurance. The ethics committee at the hospital, however, required that the control group also receive "some spiritual care" prior to surgery and after surgery receive a condensed version of the intervention. The primary outcome was anxiety measured by the Hamilton Anxiety Scale, which was administered at baseline and 2 hours prior to surgery. There were no differences in anxiety level at baseline between intervention and control groups (31.9 vs. 31.0), nor were there any differences on gender, age, marital status, occupation, educational status, previous hospitalization or previous surgery. Pre-post measures of anxiety revealed a decline of anxiety in the intervention group (31.9 to 19.5, p<0.001) compared to a significant increase in anxiety in the control group (31.0 to 43.3, p<0.001). Since there were no differences between groups at baseline, a simple T-test was used to compare post-intervention anxiety levels in the intervention and control groups, which was significant (19.5 vs. 43.3, p<0.001).

*Citation:* Hosseini M, Salehi A, Khoshknab MF, Rokofian A, Davidson PM (2013). The effect of a preoperative spiritual/religious intervention on anxiety in Shia Muslim patients undergoing coronary artery bypass graft surgery: A randomized controlled trial. Journal of Holistic Nursing [E-pub ahead of print]

*Comment:* The Hamilton Anxiety Scale is a clinician-rated anxiety scale, although it is sometimes self-rated. If clinician-rated in this study, there is no mention of whether clinicians were blinded to treatment group. If they were blinded, or if the scale was self-rated, then the results are quite impressive, showing robust effects for this Islamic intervention in decreasing anxiety pre-operatively. This study is also one of the few randomized clinical trials of an exclusively religious intervention in treating pre-operative anxiety (if not the only such trial, then certainly the only one in a Muslim sample to our knowledge).

### **Spiritual Therapy to Improve Quality of Life in Breast Cancer**

Jafari and colleagues from the Community Medicine Department at Isfahan University (Iran) have developed and tested a spiritual therapy intervention for improving QOL in women undergoing radiation therapy for breast cancer. This study reports the results of a randomized clinical trial involving 65 patients who either received the intervention or were randomized to a control group that received routine management and educational programs. QOL was evaluated before and after six weeks of the spiritual therapy. QOL score (measured using a standard scale -- the QLQ-C30) increased from 44.4 to 68.6 in the intervention group ( $p < 0.01$ ). All functional scales of the QLQ-C30 increased significantly ( $p < 0.05$ ). Details about this study are lacking (including what "spiritual therapy" actually consisted of) since only the abstract of the study was available.

*Citation:* Jafari N, Zamani A, Farajzadegan Z, Bahrami F, Emami H, Doghmani A (2013). The effect of spiritual therapy for improving the quality of life of women with breast cancer: A randomized controlled trial. *Psychology, Health & Medicine* 18(1):56-69

*Comment:* It is difficult to comment on this study based on only the abstract. However, readers should be aware of it, since there are so few randomized clinical trials involving religious or spiritual interventions published to date.

### **Prayer Among Breast Cancer Survivors in Malaysia**

Researchers surveyed 394 women with breast cancer who were being seen at eight general hospitals and four breast cancer support groups in the peninsular region of Malaysia. Participants were women ages 20 to 74 diagnosed with breast cancer stages 0-III who were either undergoing or had completed treatment. Complementary and Alternative Medicine (CAM) treatments were the focus of this survey, including the use of spiritual activities (prayer and meditation). Among those who used CAM (51%), prayer and meditation was used by 33.2% of respondents and was the most common practice second only to use of vitamins. In comparison, Qi gong, Tai Chi, homeopathy, reflexology, massage, and Yoga were used by only 0.5% to 4% of participants. This is despite the fact that 52% of participants were Malay, 33% Chinese, and 14% Indian.

*Citation:* Saibul N, Shariff ZM, Rahmat A, Sulaiman S, Yaw YH (2012). Use of complementary and alternative medicine among breast cancer survivors. *Asian Pacific Journal of Cancer Prevention* 13:4081-4086

*Comment:* The use of prayer and meditation is common in this area of the world among those with cancer, as it is in the U.S. (where 77-81% of cancer patients use spiritual practices, especially prayer, as CAM -- see *Journal of Clinical Oncology* 2000; 18: 2505-2514 and *Supportive Care in Cancer* 2005; 13:806-811).

### **Religious Coping among Psychotic Patients and Treatment Outcomes**

Researchers in the Department of Psychiatry at McLean Hospital (Harvard Medical School) conducted a prospective study of 47 psychiatric patients with current or past psychosis who were receiving day-treatment at McLean (mean age 30, 58% female, 36% no religious affiliation, 49% with current psychotic disorder). All patients had received case management, psycho-pharmacology, psycho-vocational counseling, milieu therapy, and group therapy; average length of treatment was 8 days. General religious involvement (belief in God, importance of religion, religious attendance, private religious activity) and religious coping (RC) (assessed by brief RCOPE) were examined. Prior to treatment, patients were assessed for suicidality over the past month. At both the start and the conclusion of patients' day-treatment program, researchers measured psychosis, depression, anxiety, and psychological well-being using standard self-rated scales. Prior to treatment, there was no relationship between

positive RC and any of the symptom scales, although negative RC was significantly and positively related to all symptom measures (especially frequency and intensity of suicidal ideation). Over the course of treatment, positive RC at baseline predicted a significant decrease in depressive symptoms ( $r = 0.50$ ,  $p < 0.005$ ) and anxiety symptoms ( $r = 0.60$ ,  $p < 0.001$ ), and a significant increase in psychological well-being ( $r = 0.37$ ,  $p = 0.05$ ) (explaining 14% to 36% of the variance in outcome). There was no relationship, however, with change in psychotic symptoms.

*Citation:* Rosmarin DH, Bigda-Peyton JS, Ongur D, Pargament KI, Bjorgvinsson T (2013). Religious coping among psychotic patients: Relevance to suicidality and treatment outcomes. *Psychiatry Research* [E-pub ahead of print]

*Comment:* Patients in this sample were not a particularly religious group: over one-third had no religious affiliation, nearly 40% had only slight or no belief in God, and religion very important to only 9% (hyper-religiosity was clearly not an issue). Nevertheless, those who used religion in a positive way seemed to improve more rapidly. In contrast, negative religious coping (feeling abandoned and angry at God) was significantly associated with both frequency and intensity of suicidal ideation before treatment began.

### **Predictors of Well-being in Chronic Heart Failure Patients**

Crystal Park and colleagues at the University of Connecticut examined factors related to well-being in 111 outpatients with severe CHF (III or IV) who were ineligible for heart transplantation. The majority of participants were men (60%), white (56%), and Protestant (67%). Heart failure severity, quality of life, life satisfaction, spiritual strain, death anxiety and depressive symptoms were assessed using standard scales. Religious/spiritual variables included daily spiritual experiences, belief in an afterlife, self-rated religiosity, religious support, public religious practices, and positive religious coping. Participants were assessed at baseline (T1) and 3 months later (T2) ( $n = 101$ ). T1 daily spiritual experiences were positively related to T2 life satisfaction and inversely related to T2 death anxiety, T2 spiritual strain, and T2 CHF functional limitations. Self-rated religiosity and religious support were also related to greater life satisfaction. There were no other significant correlations. When demographics were controlled for and T1 measures of well-being were included in a regression model, T1 daily spiritual experiences continued to significantly predict lower T2 death anxiety and lower T2 spiritual strain.

*Citation:* Park CL, Lim H, Newton M, Suresh DP, Bliss DE (2013). Dimensions of religiousness and spirituality as predictors of well-being in advanced chronic heart failure patients. *Journal of Religion and Health*, April 25 [Epub ahead of print]

*Comment:* Unfortunately, well-being measures during the short follow-up period of 3 months probably didn't have much time to change, which limited the ability of baseline religious indicators to predict changes in well-being over time (especially when T1 well-being is controlled for). A longer follow-up (and perhaps larger sample size to increase power) may have produced different results.

### **Religion/Spirituality and the Relationship Between Negative Life Events & Psychological Distress**

Researchers at the College of Management Sciences in Karachi, Pakistan, and the Department of Mental Health at Johns Hopkins School of Public Health analyzed data from the 4th wave of the Baltimore Epidemiologic Catchment Area study (2004-2005), examining how religion/spirituality influences the relationship between stressful negative life events and psychological distress in 1,071 community-dwelling adults. Participants were 63% female, two-thirds age 45 to 64, 62% White and 35% Black Americans; 44% never or seldom attended religious services; and 41% experienced one or more negative life event in the past year. Psychological distress was assessed using a standard measure,

the General Health Questionnaire (GHQ-20). Religiosity was assessed by a single question about religious attendance; spirituality was assessed by a 3-item measure (importance of religious/spiritual beliefs, seeking spiritual comfort, consulting God on daily decisions). Also assessed were negative life events (LE) that occurred within past year, social support (two-dimensional 12-item scale), and demographics (age, gender, race). After controlling for GHQ-20 scores at Wave 3 and demographics, religious attendance was significantly and inversely related to GHQ-20 scores at Wave 4 (in a pattern that indicated a *dose-effect response*). This finding persisted after controlling for social support from friends and relatives. Spirituality was unrelated to GHQ-20 scores. Although the interaction between religious attendance and negative LE was not significant in predicting psychological distress (GHQ-20, Wave 4), among those with a higher frequency of religious attendance, higher support from friends and relatives was associated with significantly lower levels of distress, an effect not seen among those with a low frequency of attendance. Likewise, although the interaction between spirituality and negative LE was not significant, negative LE had a small but significant association with increased distress for those in the low spiritual group, but not for those with high spirituality. Investigators concluded that religious attendance and spirituality may influence how people experience and deal with negative life events.

*Citation:* Kidwai R, Mancha BE, Brown QL, Eaton WW (2013). The effect of spirituality and religious attendance on the relationship between psychological distress and negative life events. *Social Psychiatry and Psychiatric Epidemiology*, June 4 (E-pub ahead of print)

*Comment.* The findings, while consistent with a large body of research in this area, are important coming from the Baltimore ECA study (a widely known and valued project). Furthermore, association between religious attendance and psychological distress demonstrated a dose-effect response, even after controlling for psychological distress measured on the previous wave (W3) and controlling for a detailed measure of social support.

## NEWS

### Emory's Interfaith Program E-Newsletter

The Interfaith Health Program (IHP) at Emory's Rollins School of Public Health in Atlanta, GA, has just come out with a new free e-newsletter. The first issue (vol 1, no. 1, Summer 2013) has a foreword by the director, Sandy Thurman, describes the history of IHP from its establishment at the Carter Center in 1992, discusses IHP public/private partnerships, the IHP-ASTHO-CDC initiative, PEPFAR consultation, links with the Christian Health Association of Kenya, a student blog, several African programs, an IHP bibliography, and describes IHP's teaching program and research activity. This is a high quality e-newsletter and a nice website. To get on the mailing list, go to: <http://ihpemory.org/2013/06/06/ihp-newsletter-summer-2013/> and click on button under SUBSCRIBE.

## SPECIAL EVENTS

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

Register now to participate in this 5-day conference at Fuller Theological Seminary in Southern California. The focus of the conference is on how to integrate the latest findings from spirituality and health research into clinical practice. Presenters will include Ken Pargament and others in the field of spirituality and health. Save the date, as this will be a truly dynamic conference and will include lots of hands-on activities and

workshops. **Scholarships** are available. For more information, contact Bruce Nelson at [NELSONBR@ah.org](mailto:NELSONBR@ah.org) or go to website: [www.EmergingToolsForInnovativeProviders.com](http://www.EmergingToolsForInnovativeProviders.com).

### Spirituality and Good Practice in Mental Health Care (Durham, United Kingdom, July 10-12)

The UK National Health Service is sponsoring a 3-day conference at St. Johns College, Durham University (founded by Act of Parliament in 1832, one of the first universities to open in England for more than 600 years and the third oldest university in England). The conference includes presentations on religious psychotherapy for depression in chronic illness; research on the relationship between religion, spirituality and mental health; spiritual care of patients and mental health care staff; spirituality in nursing care; and other issues related to addressing the spiritual needs of patients with mental health problems. There will be several panels of discussants and spiritual practice workshops throughout the three days, including a tour of historic Durham Cathedral that houses University College (the oldest inhabited university building in the world). Speakers include Dr. Charles Fernyhough (department of psychology, Durham University), Professor Douglas Davies (department of theology), Dr. Linda Ross (department of care sciences/nursing, University of Glamorgan), and Dr. Harold Koenig (Duke University). If you would like to submit a paper or workshop, abstracts of no more than 200 words should be forwarded immediately to Paul Walker at [paul.walker8@nhs.net](mailto:paul.walker8@nhs.net). For more info, go to website: <http://www.teww.nhs.uk/For-professionals/Conferences/Spirituality-and-good-practice-in-mental-health-care/>

### Duke Summer Spirituality & Health Research Workshops

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

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

## RESOURCES

### Handbook of Faith and Spirituality in the Workplace (Springer, 2013)

Here is a description of the book on Amazon.com, "While the field of management has developed as a research discipline over the last century, until the early 1990s there was essentially no acknowledgement that the human spirit plays an important role in the workplace. Over the past twenty years, the tide has begun to turn, as evidenced by the growing number of courses in academia and in corporate training, and an exponential increase in the publications emerging through creative interaction of scholars and practitioners in organizational behaviour, workplace diversity, sustainability, innovation, corporate governance, leadership, and corporate wellness, as well as contributions by psychotherapists, theologians, anthropologists, educators, philosophers, and artists. This Handbook is the most comprehensive collection to date of essays by the preeminent researchers and practitioners in faith and spirituality in the workplace, featuring not only the most current research and case examples, but visions of what will be, or should be, emerging over the horizon... Among the questions and issues

addressed: What does it mean to be a "spiritual" organization? How does this perspective challenge traditional approaches to the firm as a purely rational, profit-maximizing enterprise? Is faith and spirituality in the workplace a passing fad, or is there a substantial shift occurring in the business paradigm? How does this field inform emerging management disciplines such as sustainability, diversity, and social responsibility?..." Available (\$166.24) at: <http://www.amazon.com/Handbook-Faith-Spirituality-Workplace-Emerging/dp/1461452325>

**Spirituality in Patient Care, 3rd Ed** (Templeton Press, 2013)  
Since the publication of the first and second editions of *Spirituality in Patient Care* in 2002 and 2007, the book has earned a reputation as *the* authoritative introduction to the subject for health professionals interested in identifying and addressing the spiritual needs of patients. All chapters are updated with the latest information, trends in health care, research studies, legal issues, and healthcare standards requiring sensitivity to all patients' spiritual needs. Chapters are targeted to the needs of physicians, nurses, chaplains, mental health professionals, social workers, and occupational and physical therapists. Available (\$22.36) at: <http://templetonpress.org/book/spirituality-patient-care>.

**The Essential Guide to Religious Traditions and Spirituality for Health Care Providers** (Radcliffe Medical Press, 2013)  
Says the publisher: "This extraordinary compendium of religious traditions is invaluable to all healthcare providers. The user-friendly resource contains specific and detailed information on faith traditions vital for providing optimal spiritual care in a clinical setting. A series of inspirational introductory chapters promote the importance of spiritual well-being as a vital component in whole person care, but the majority of the book forms a compilation of articles from a wide-ranging expert panel of contributors. Ideal for quick reference, the A-Z organisation from American Indian Spirituality to Zoroastrianism is presented in a clear and logical format." Available (\$166.99) at: <http://www.amazon.com/dp/1846195608>.

**Integrating Spirituality and Religion into Counseling** (American Counseling Association, 2011)  
Amazon.com describes it as follows: "In this book, experts in the field consider how spiritual and religious issues can be successfully incorporated into counseling in a manner consistent with client beliefs and practices. Designed as an introductory text for counselors-in-training and clinicians, it describes the knowledge base and skills necessary to effectively engage clients in an exploration of their spiritual and religious lives to further the therapeutic process. Through an examination of the 2009 ASERVIC Competencies for Addressing Spiritual and Religious Issues in Counseling and the use of proven tools and techniques, this book will guide you in providing ethical services to clients resonating with these deeply sensitive and personal issues. After

Section III further links theory to clinical practice with new application chapters on mindfulness, ritual, 12-step spirituality, prayer, and feminine spirituality." Available (\$52.20) at: <http://www.amazon.com/Integrating-Spirituality-Religion-into-Counseling/dp/1556203101>

**Handbook of Religion and Health (2nd Ed)** (Oxford University Press, 2012)  
This Second Edition covers the latest original quantitative research on religion, spirituality and health. Religion/spirituality-health researchers, educators, health professionals, and religious professionals will find this resources invaluable. Available (\$105.94) at: <http://www.amazon.com/Handbook-Religion-Health-Harold-Koenig/dp/0195335953>

**Spirituality & Health Research: Methods, Measurement, Statistics, & Resources** (Templeton Press, 2011)  
This book summarizes and expands the content presented in the *Duke Research Workshop on Spirituality and Health*, and is packed full of information necessary to conduct research in this area acquired over 25 years by the author. Available (\$39.96) at: <http://templetonpress.org/book/spirituality-and-health-research>.

**How the West Really Lost God** (Templeton Press, 2013)  
The author of this book makes some interesting observations about the decline of religion in the West. She posits the existence of a "family facto." According to Eberstadt, "[I]t is at least possible that people did not stop believing in God just because they moved to cities. The missing piece would appear to be that moving to cities made them less likely to have and live in strong natural families -- that that immediate, unseen step may have bene what really started them down the road toward losing their religion, at least some of the time." Jonathan last, writing in *The Weekly Standard* about the book, says: "*How the West Really Lost God* doesn't provide conclusive proof of the existence of a Family Factor; Eberstadt isn't toiling in the minutae of econometric regression analyses. What she's done is construct a fascinating work of forensic demography which manages to take the telescope through which we've long studied the relationship between family formation and religiosity and flip it entirely around to let us peer through the other side." Available (\$16.51) at: <http://www.amazon.com/How-West-Really-Lost-Secularization/dp/1599473798>

## Funding Opportunities

### George Family Foundation Grants

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

### Templeton Foundation Online Funding Inquiry (OFI)

The Templeton Foundation will be accepting the next round of letters of intent for research on spirituality and health between **August 1 and October 1, 2013**. If the funding inquiry is approved (applicant notified by November 5, 2013), the Foundation will ask for a full proposal that will be due March 3, 2014, with a decision on the proposal reached by June 20, 2014. The three main areas in religion, spirituality and health that the Foundation funds are: (1) research on causal mechanisms (basic psychosocial, behavioral, and physiological pathways), (2) increasing competencies of health care professionals in working with religious patients (physicians, but also psychologists and experts in public health), and (3) research involving the development of religious-integrated interventions that lead to improved health. More information: <http://www.templeton.org/what-we-fund/our-grantmaking-process>.

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

## 2013 CALENDAR OF EVENTS...

### July

- 10-11 **Spirituality and Mental Health Care Conference**  
Durham University  
Durham, England  
Presenter: Fernyhough, Davies, Ross, Koenig, others  
Contact: Dr. Christopher Cook ([c.c.h.cook@durham.ac.uk](mailto:c.c.h.cook@durham.ac.uk))
- 18 **Spirituality, Aging, and Caregiver Stress**  
The Cedars of Chapel Hill, Chapel Hill, North Carolina  
Presenter: Harold G. Koenig, M.D.  
Contact: Tara Pierce ([tpierce@cedarsofchapelhill.com](mailto:tpierce@cedarsofchapelhill.com))
- 22-26 **Emerging Tools for Innovative Providers: Interdisciplinary Applications from Spirituality and Health Research**  
Fuller Theological Seminary, Pasadena, California  
Speakers: Pargament, Koenig, and others  
Contact: Bruce Nelson ([NELSONBR@ah.org](mailto:NELSONBR@ah.org))
- 31 **Integrating Chaplaincy and Mental Health Care: Lessons from the Departments of Veterans Affairs and Defense**  
Presenter: Jason Nieuwsma, Ph.D.  
Associate Director, VA Mental Health & Chaplaincy  
Assistant Professor, Department of Psychiatry, DUMC  
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))

### August

- 12-16 **Duke Summer Research Workshop**  
Durham, North Carolina  
Presenters: Blazer, Oliver, Verhey, Carson, Williams, & Koenig  
Contact: Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))
- 28 **Update on randomized clinical trials examining effects of religious psychotherapy on depression outcomes**  
Presenter: Harold G. Koenig, M.D.  
Professor of Psychiatry, Duke University Medical 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))