

# 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 about the latest research being published. 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 OUTSIDE DUKE

### Religion and Self-Control

In a series of four experimental studies, researchers at Queens University in Ontario, Canada, examined the effects that religion has on self-control. In the first experiment, college students were randomly assigned to either a "religious prime" or a control group, and then asked to perform an unpleasant task (drinking an unsavory liquid). The religious prime consisted of "asking participants to unscramble each of 10 five-word sentences by dropping an irrelevant word. In the religious-prime condition, 5 of the 10 sentences contained five neutral words, and the remaining 5 contained four neutral words and one religious-prime word, such as *God*, *spirit*, or *divine*, in each sentence." Results of the experiment indicated that those in the religious prime group were able to endure discomfort for significantly longer (i.e., drink more of the unpleasant liquid). The second experiment also involved the religious prime condition, but students were then told that they could either return to the lab any time the next day to pick up \$5 or return any time one week later to pick up \$6 (a standard test of delayed gratification). Again, students in the religious prime group were more likely to delay gratification. In the third experiment, students in the religious prime and neutral groups were given a task that depleted their mental resources and then asked to complete a geometric puzzle that was impossible to solve. Again, the students in the religious prime group persisted longer at trying to solve the geometric puzzle, indicating greater self-control. In the fourth and final experiment, to ensure that students' responses were specifically due to religious priming, two other similar priming conditions were also developed – one that invoked moral virtue and the other that evoked a sense of death. All four groups (religious prime, neutral, moral, and death) were then administered the Stroop Test (a standard method for inducing psychological stress) and their reaction times for completing the test were recorded. Once again, the religious prime group had faster reaction times (indicating greater self-control) than any of the other three groups. Investigators concluded that when people are made implicitly aware of religious themes, they exercise greater self-control (endure greater physical discomfort, delay gratification, persist at a difficult task). Furthermore, after experimentally depleting participants' self-control abilities, implicit reminders of religious concepts refueled the ability to exercise self-control. Self-control of this kind is known to increase the ability to make decisions that affect several important life domains.

*Citation:* Rounding K, Lee A, Jacobson JA, Ji LJ (2012). Religion replenishes self-control. [Psychological Science](#), OnlineFirst, May 2, doi:10.1177/0956797611431987

*Comment:* In this remarkable series of psychological experiments, researchers were able to show that experimentally inducing religious thoughts increased college students' ability to endure an unpleasant physical experience, delay gratification, and persist at an unpleasant task. Self-control abilities like these have been shown to increase success in work and in relationships, avoid unhealthy and increase healthy habits, and at least theoretically, provide an evolutionary survival advantage.

### Maternal Religious Attendance and Birth Weight

Low birth weight (LBW) (8% of all births) is a major health concern in the United States. LBW predicts increased infant mortality, poor health, and lower levels of educational attainment. In fact, the medical costs of LBW babies account for 10% of all child health care costs. Researchers at Florida State University analyzed data on births occurring between 1998-2000 in randomly selected hospitals in 20 cities with populations over 200,000 in 15 states. The aim was to determine whether maternal religious attendance is related to low birth weight (LBW), and to identify what factors might explain this relationship. Data on maternal religious attendance, birth weight, and risk factors for low birth weight were available for 3,583 respondents. LBW was defined as less than 2500 grams (<5.5 lbs). Religious service attendance was assessed on a scale from 1 (not at all) to 5 (once/week or more). Factors that might explain the relationship between attendance and birthweight were mental health problems (history of depression or other mental health problems), cigarette smoking, alcohol use, nutritional inadequacy, and prenatal care. Confounders controlled in analyses were infant's sex and gestational age, and the mother's race, age, level of education, household income, marital status, migrant status, health insurance, parity, self-rated health, and religious affiliation. Results indicated that maternal religious attendance was protective against LBW. The likelihood of having a LBW baby decreased by 15% for every unit increase in religious attendance (OR=0.85, p<0.05) (after controlling for both confounders and mediators). Lower cigarette smoking explained about 11% of the relationship between religious attendance and LBW, although other possible mediators (mental health, alcohol use, nutrition, and prenatal care) did not explain the association. Researchers concluded that the health benefits of religious involvement may extend across generations from mother to child.

*Citation:* Burdette AM, Weeks J, Hill TD, Eberstein IW (2012). Maternal religious attendance and lowbirth weight. [Social Science & Medicine](#) 74:1961-1967

*Comment:* This finding is significant, especially since researchers controlled so many factors in their analyses. While cigarette smoking (lower among frequent attendees) explained a small part of this relationship, other risk factors did not contribute. Investigators acknowledged that more research was needed to explain this cross-sectional relationship. However, they suggested that the relationship between religious involvement and better health status in adulthood may be related to better health in early life among those born to religious families. Note, however, that

## EXPLORE...in this issue

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families most likely to be religious at least in the USA tend to have worse financial status, less education, be of minority racial status, and have other risk factors that put them at higher risk for LBW (as Karl Marx said, religion is the "opiate" of the masses).

### **A Spiritual Distress Assessment Tool**

This study describes the development of the Spiritual Distress Assessment Tool (SDAT) for use in hospitalized older patients to assess unmet spiritual needs across five dimensions: life balance, connection, value acknowledgement, maintenance of control, maintenance of identity. Each of these areas is rated on a scale from 0 to 3, where 0=no evidence of unmet need, 1=some evidence of unmet need, 2= substantial evidence of unmet need, and 3=severe unmet need. Thus, the overall SDAT score range is 0 to 15, with spiritual distress defined as a score of 5 or higher. The SDAT was administered during a 20-30 minute interview by a trained chaplain to 203 inpatients consecutively admitted to a geriatric rehabilitation unit at the University of Lausanne Medical Center, Switzerland (80% Judeo-Christian religious background; 70% women; average age 81). Results indicated that two-thirds of patients (65%) reported some level of spiritual distress on the SDAT, and 22% reported at least one severe unmet spiritual need. Participants with at least one severe unmet spiritual need were significantly more likely to require a family meeting and be discharged to a nursing home. Psychometric characteristics of the SDAT are reported in this article.

*Citation:* Monod SM, Martin E, Spencer B, Rochat E, Bula CJ (2012). Validation of the Spiritual Distress Assessment Tool in older hospitalized patients. *BMC Geriatrics* 29; 23(1):13, (e-pub ahead of print, DOI: 10.1186/1471-2318-12-13)

*Comment:* Given the need for brief tools to identify spiritual distress in at-risk medical patients, readers should be aware of this tool (although this does not mean we necessarily endorse it).

### **Religious Affiliation and Survival at a Trauma Center**

Howard University researchers in Washington, D.C., examined the relationship between religious affiliation, mortality, and length of stay in 2,303 patients seen at a Level I trauma center in 2009. The sample was 72% men and 79% Black, and mean age was 38. Mortality was 2% and average length of stay was 1 day. Only 46% endorsed a religious affiliation. Results indicated that those without a religious affiliation had worse trauma severity (27% vs. 19%), and were more likely to die (3.5% vs. 1.5%,  $p=0.01$ ), but no relationship with length of stay. When gender, age, ethnicity, and injury severity were controlled, the mortality difference became non-significant. Researchers emphasized that this research study was not able to determine whether "religious practices affect functional outcomes, morbidity, or long-term mortality" since only affiliation was examined.

*Citation:* Khourz A, Oyetunji TA, Bolorunduro O, Harbour L, Comwell EE (2012). Living on a prayer: religious affiliation and trauma outcomes. *The American Surgeon* 78(1):66-68

*Comment:* The lower trauma severity among those with a religious affiliation may have explained the lower mortality overall among the affiliated. However, the power of this study to detect an effect on mortality or length of hospital stay was low (with only 2% mortality and 1 day average length of stay). Furthermore, religious affiliation is a poor measure of religious involvement. This study is notable, though, because it is one of the few studies examining the link between religious involvement and surgical / trauma outcomes (in the short-term or long-term).

### **Religious Doubt and the Relationship between Financial Strain and Depression**

Neal Krause, a sociologist at the University of Michigan, examined how religious doubt (a questioning, uncertain religious faith) affects the well known relationship between financial strain and depression. Analyzing cross-sectional data from a nationwide

sample of 1,005 older Mexican Americans, Krause found that in the presence of religious doubts, those with financial strain are significantly more likely to experience depression than did those with greater religious certainty.

*Citation:* Krause N (2012). Religious doubt, financial strain, and depressive symptoms among older Mexican Americans. *Mental Health, Religion and Culture* 15(4):335-348

*Comment:* In academic circles, the skeptic and person who continually questions religious beliefs and doctrines (those who score high on the Quest dimension of religious involvement) are usually viewed with greater favor than are those more certain about their belief (who are seen as less flexible and more rigid). Among older Mexican Americans with financial strains, however, it pays to be more single minded in one's belief -- indeed, "A double minded man is unstable in all his ways."

### **Religiosity and Change in Depressive Symptoms in Older Adults**

Researchers in the School of Social Work at the University of Alabama at Birmingham analyzed data on 1000 persons aged 65 or older followed from 1999 to 2003 ( $n=623$  in final sample). Their aim was to examine the effects of religiosity on the trajectory of change in depressive symptoms over time. Depressive symptoms were measured using the Geriatric Depression Scale. Religiosity was assessed using the 5-item Duke University Religion Index (DUREL): religious attendance, private religious activity, and intrinsic religiosity. Hierarchical linear modeling (HLM) was used to examine predictors of individual trajectories of change in depressive symptoms during the 4-year follow-up, controlling for sociodemographic, health, social, and economic factors. At baseline, attendance at religious services was associated with fewer depressive symptoms, but had no effect on change in depressive symptoms over time. However, those with high intrinsic religiosity (summed score on items #3-5 on DUREL) at baseline experience a steady decline in depressive symptoms during the 4-year follow-up; in contrast, those with low intrinsic religiosity at baseline experienced a short-term decline, followed by an increase in depressive symptoms over the long-term.

*Citation:* Sun F, Park NS, Roff LL, Klemmack DL, Parker M, Koenig HG, Sawyer P, Allman RA (2012). Predicting the trajectories of depressive symptoms among southern community-dwelling older adults: The role of religiosity. *Aging and Mental Health* 16(2):189-198

*Comment:* The findings of this study are consistent with an earlier report that found high intrinsic religiosity predicting faster remission of depressive disorder in older medical inpatients over a one year follow-up (*American Journal of Psychiatry* 155:536-542, 1998). The present study, using more advanced statistical modeling, extends this finding to community-dwelling older adults.

### **Spirituality and Depression in Type II Diabetes**

Investigators at the Medical University of South Carolina (Charleston) examined cross-sectional relationships between spirituality and depressive symptoms in a convenience sample of 201 diabetic patients being seen at an indigent clinic at the university (73% women, 62% Black, 75% with an annual income below \$15,000). Spirituality was measured using the 6-item Daily Spiritual Experiences (DSE) scale (score range 6 to 36), and depressive symptoms were assessed using the 20-item Center for Epidemiologic Depression (CES-D) scale. Controlled for in all analyses were age, sex, race, marital status, education, employment, income, insurance status, comorbidity burden, and use of insulin. Results indicated that 20% reported being depressed or experiencing depressive symptoms. Frequency of daily spiritual experiences were significantly and inversely related to depressive symptoms, controlling for the covariates above ( $B=0.27$ , 95% CI 0.03-0.51).

*Citation:* Lynch CP, Hernandez-Tejada MA, Strom JL, Egede LE (2012). Association between spirituality and depression in adults with Type 2 diabetes. The Diabetes Educator (published online DOI 10.1177/0145721712440335)

*Comment:* Note that the 6-item DSE includes the item "I feel deep inner peace or harmony." Thus, the inverse relationship with depressive symptoms could be explained by contamination of the DSE (the predictor) with this indicator of good mental health. Naturally, the result of such contaminations would be an inverse relationship between this measure and depressive symptoms. Indeed, who with significant depressive symptoms feels deep inner peace or harmony?

### Turning it over to God and HIV-treatment Adherence

Researchers examined characteristics that predicted adherence to anti-retroviral treatment (ART) in 204 HIV-infected patients seen in a community clinic (55% homosexual or bisexual). The 6-item God Locus of Health Control (GLHC) scale, the Religious COPE scale, and the Religious Beliefs and Practices Scale were all administered at baseline. Treatment adherence was measured by electronic drug monitors at 12 weeks (n=180) and 24 weeks (n=168) after enrollment as part of a randomized clinical trial testing behavioral interventions to improve medication compliance. High adherence was defined as 90% or greater adherence at 12 weeks (59%) and 24 weeks (56%). Multivariate analyses were used to examine baseline predictors. Results indicated that support from friends and family, motivation to adhere, and having an active coping style predicted better adherence. However, belief that God is in control of one's health (for example, "Whether or not my HIV disease improves is up to God") was negatively associated with adherence at the 24-week follow-up. Furthermore, passive deferral religious coping style ("I don't try much of anything; simply expect God to take control") was also associated with less adherence at the 12-week follow-up in bivariate analyses.

*Citation:* Finocchiaro-Kessler S, Catley D, Berkley-Patton J, Gerkovich M, Williams K, Banderas J, Goggin K (2011). Baseline predictors of ninety percent or higher antiretroviral therapy adherence in a diverse urban sample: The role of patient autonomy and fatalistic religious beliefs. AIDS Patient Care and STDs 25(2): 103-111

*Comment:* So what is the lesson here? As the Serenity Prayer says, "God, grant me the serenity to accept the things I cannot change, *courage to change the things I can*, and wisdom to know the difference.

### Schizophrenia, Religiosity and Treatment-Seeking Behavior in Taiwan

Researchers surveyed 55 patients with schizophrenia being treated in psychiatric day care facilities at the National Taiwan University Hospital (Han-Chinese society). They were asked to complete a survey of religiosity, mental illness history, and current symptoms and functioning. Participants were on average 37 years old, two-thirds women, and a surprising 82% indicated a religious affiliation (44% Buddhist, 24% Christian, 15% Taoism or other religions). A total of 13% had religious delusions/hallucinations. Duration of illness, global assessment of functioning (GAF), and symptoms of psychosis (PANSS) were assessed. Also examined was treatment preference (scored 1-5, where 1 favored religious treatment only, 2-4 favored various combinations of religious and psychiatric treatment, and 5 preferred psychiatric treatment only). Religiosity was assessed using the 8-item Religiosity Measure, which measures Glock's ritual, consequential, ideological, and experiential dimensions using two items each. Results indicated that religious affiliation was not related to indicators of clinical severity. Religiosity, however, was related to a longer duration of illness, lower global functioning, more religious delusions/hallucinations, and a preference for religious over psychiatric treatment. Nevertheless, religiosity was not related to indicators of

clinical severity (number of hospitalizations, duration of untreated psychosis, receiving magico-religious healing, satisfaction with psychiatric therapy, severity or type of psychotic symptoms). Multivariate analyses revealed that religiosity was associated with a greater likelihood of preferring religious treatments over psychiatric treatments.

*Citation:* Huang CLC, Shang CY, Shieh MS, Lin HN, Su JCJ (2011). The interactions between religion, religiosity, religious delusions/hallucinations, and treatment-seeking behavior among schizophrenic patients in Taiwan. Psychiatry Research 187:347-353

*Comment:* Mental health professionals have long thought that religiosity exacerbated clinical symptoms in patients with schizophrenia. This study provides little evidence to support such concerns. Neither religious affiliation nor degree of religious involvement predicted more severe psychiatric symptoms on the PANSS, greater frequency of hospitalization, longer duration of untreated psychosis, or level of satisfaction with psychiatric care. Religiosity was associated with a longer duration of illness, more religious delusions/hallucinations, poorer global functioning, and preference for religious treatment over psychiatric treatment (although the fact that religious patients, when given the choice, preferred religious treatments over psychiatric ones should not be surprising).

### Spirituality / Religiosity of German Psychotherapists

In this study, researchers surveyed a representative sample of 895 German psychotherapists. They assessed the religious and spiritual beliefs of therapists, the frequency therapists report that patients mention religious or spiritual issues during therapy, and whether training on religion/spirituality ought to be part of training in psychotherapy. Overall, 57% described themselves as either religious or spiritual; said that, on average, 22% of their patients bring up religion/spirituality during the course of therapy; and two-thirds said that religion/spirituality ought to be included as part of their training. Interestingly, the degree of emphasis placed by therapists on religious/spiritual factors depended on the particular type of therapy they practiced. Those who predominantly did cognitive-behavioral therapy or psychodynamic therapy placed little emphasis on religion/spirituality, compared to those oriented more toward humanistic or integrative therapy.

*Citation:* Hofmann L, Walach H (2011). Spirituality and religiosity in psychotherapy – a representative survey among German psychotherapists. Psychotherapy Research 21(2):179-192

*Comment:* This is the first report on attitudes of German psychotherapists toward religion/spirituality in their clinical practice, training, and personal lives. This study complements other studies like this from Great Britain and the United States. The findings suggest that dealing with religious/spiritual issues is also relevant in secular continental Europe (or at least the German part).

### NEWS

#### 'Chair of Spiritual Care' at Prominent European University

The first chair in spiritual care in Europe (and in the world, for that matter) has been established at the Ludwig-Maximilians University in Munich. Supported for 5 years (and renewable after that), the chair is now shared by Prof Dr. Med Eckhard Frick and Prof. Dr. Traugott Roser. Dr. Frick is a psychiatrist, Jungian psychoanalyst, and Catholic Jesuit priest, whereas Dr. Roser is a Protestant theologian and chaplain. The purpose of the chair is to provide education in the area of spiritual care and support its integration into clinical practice in Europe. Frick and Roser have now authored a book, *Spiritualität und Medizin* (Kohlhammer, 2011), and helped to establish the *International Society of Spiritual Care*, whose goal is to support and facilitate the practice of spiritual care by non-clergy health professionals in the German-speaking countries of Europe (all educational events are in German). The

Society is also publishing the *Journal of Spiritual Care*, again in the German language. The first president of the Society is Prof Dr. Med Arndt Bussing from Witten/Herdecke University.

### **European Conference on Religion, Spirituality and Health**

During the 3rd Bi-annual Meeting of the *International Society for the Study of Religion, Spirituality and Health* held in Bern, Switzerland on May 17-19, it was decided by the scientific steering committee to rename and reorganize the Society. Now to be called the *European Conference on Religion, Spirituality and Health*, the purpose of this transition is to focus the group's attention more on continental Europe, where much work is needed to stimulate research on religion, spirituality and health, provide investigators with tools and training to conduct such research, and establish contacts and collaborations between junior and senior investigators with interests in this area. The European Conference will also interact with and facilitate communication between regional societies that have started up in several areas of Europe, including the new German-speaking International Society for Spiritual Care and the British Association for the Study of Spirituality (BASS). The 4<sup>th</sup> Bi-annual Meeting of the European Conference (as it is now named) will be held in Malta and hosted by Prof Dr. Donia Baldacchino at the University of Malta in 2014. The meeting will rotate between European countries, after being held in Switzerland in 2008, 2010, and 2012. As in the past, the focus will be on spirituality and health research, with poster sessions, paper sessions, keynote addresses, symposia, and workshops (which distinguishes it from other European groups that are more oriented toward clinical practice). As usual, all presentations and workshops will be presented in English.

### **Post-Doc Position Open in Religion, Spirituality and Health**

The Center for the Study of Health, Religion, and Spirituality at Indiana State University has an opening for a one to two year Post-Doctoral Research Assistant (Fellow). The post-doc position begins 9-1-12 and requires a doctoral degree in one of the Social or Life Sciences. The post-doc will work with Center affiliated faculty to design, conduct, and publish research on topics related to religion/spirituality and health, positive psychology, and/or holistic and integrative medicine. Center faculty have ongoing research on a variety of topics including spirituality and addiction, religion and coping, measurement of spirituality and religiousness, spiritual experiences in natural environments, prayer, compassion and helping behavior, and contemplative practices. Applicants must apply online (<http://www.indstate.edu/humres/>) and submit a cover letter including statements of their teaching and research interests, vita, graduate transcripts, representative publications, and three letters of recommendation to: Dr. Thomas Johnson, Search Committee Chair, Department of Psychology, Indiana State University, Terre Haute, IN 47809. Review of applications will begin on June 15, 2012.

## **SPECIAL EVENTS**

### **Last Chance to Register for 2012 Duke Spirituality & Health Research Workshops**

There are still a few mentored spots available in our research workshops on spirituality & health during the summer of 2012. Dates are July 16-20 and August 13-17, 2012. This is the last year that full (\$1100) **tuition scholarships** will be available for those with strong academic potential and financial hardships; there remain over **20 scholarships** still unclaimed for those in need. For more information, see: <http://www.spiritualityhealthworkshops.org/>.

### **University of Pennsylvania's Spirituality Research Symposium**

Penn Medicine's fifteenth annual Spirituality Research Symposium: "Spirituality & Palliative Care" is set for June 13, 2012, at the University of Pennsylvania's Biomedical Research Building II/III Auditorium. The program will run 8:00 AM - 12:30 PM. The event is FREE and open to all in the Health System, the University, and the local community. Featured speakers include Tracy A. Balboni, MD, MPH, and Michael J. Balboni, MDiv, ThD, PhD, from Harvard Medical School, Dana-Farber Cancer Institute, and Center for Psycho-Oncology and Palliative Care Research; whose work on spirituality and end-of-life care has included research on patients' experience of advanced illness, the role of spirituality in health care decision-making, and the effect of spiritual support on medical costs. For more information, go to [http://www.uphs.upenn.edu/pastoral/events/spirit\\_research.html](http://www.uphs.upenn.edu/pastoral/events/spirit_research.html) or call 215-662-2591.

### **5th International Conference on Ageing and Spirituality**

This Conference continues a series of international conferences which began in Canberra, Australia in 2000. The 2013 Conference, to be held in Edinburgh, Scotland, will explore resilience and creativity and their role in supporting the spiritual lives of older people. The conference planners are hoping to attract both those with an academic interest and expertise in the area from around the world, as well as those from the UK with more practical experience through involvement in the care industry or as informal carers. They intend to involve older people themselves within the program. The theme of the 5th Annual Conference on Spirituality and Ageing is 'Creativity in Spiritual Care'. This year's conference is jointly sponsored by Faith in Older People and the Methodist Homes Association. The conference will be of interest to those coming from a faith based approach and those approaching spirituality from a secular one. Speakers include Baroness Julia Neuberger, Senior Rabbi of the West London Synagogue, Elizabeth MacKinlay from Charles Sturt University of Australia, Susan McFadden, from the University of Wisconsin, John Swinton from the University of Aberdeen. The call for papers and workshops is now open. See the following website for details: [www.fiop-mha.events-made-easy.com](http://www.fiop-mha.events-made-easy.com).

### **2012 Summer Institute on Theology and Disability**

The Third Annual Summer Institute on Theology and Disability is being held July 16-20 at Catholic Theological Union in Chicago. A core group of faculty/mentors who are leaders in the growing field of theology and disability will serve as speakers, discussion group leaders, responders and facilitators: Hans Reinders from the Netherlands, John Swinton from the UK, Tom Reynolds from Canada, Deborah Creamer from Denver, Erik Carter from Nashville, and Bill Gaventa from The Boggs Center. This group will be doing short presentations on the first day of the Institute followed by afternoon discussion groups with each speaker. On Tuesday through Friday, other guest faculty join the Summer Institute to deliver plenary presentations focused on a theme for each day: Biblical Studies, Families/Parents/Siblings, Religious and Spiritual Development, and Community Building. Afternoon workshops and discussion groups will be led by the speakers, the Summer Institute faculty, and other participants. Academic credit and CEUs for the Summer Institute for seminarians and clergy are being offered through Chicago Theological Seminary. For more information about the Summer Institute program, see <http://bethesdaoinstitute.org/theology>.

## RESOURCES

### **Spirituality in Patient Care (German translation)**

The second edition of *Spirituality in Patient Care* (Templeton Press, 2007) has now been translated into German by Kohlhammer publishers, which will make it accessible to health professionals in German-speaking countries in Europe. The Forward of the new translation (May 2012) is written by Dr. Med Rene Hefti from the Chefarzt Psychosomatic Medicine Clinic in Langenthal, Switzerland.

### **Handbook of Religion and Health (Second Edition)**

According to Google Scholar, the 1<sup>st</sup> 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 1<sup>st</sup> edition. The 2<sup>nd</sup> edition focuses on the latest research published since the year 2000 and therefore complements the 1<sup>st</sup> 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 above), 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...

### June

- 4 **Spirituality and Resiliency of Canadian Armed Forces**  
Protestant Canadian Forces Chaplains  
Presenters: Christopher Ryan, Harold G. Koenig  
Ottawa, Ontario, Canada  
Contact: Major John Organ ([John.Organ@forces.gc.ca](mailto:John.Organ@forces.gc.ca))
- 19 **Spiritual Care for Combat Stress and the Family (US Army)**  
Presenters: Frank Ochberg, Harold G. Koenig, and others  
Newport News, Virginia  
Contact: Major Raymond Folsom  
([Raymond.E.Folsom2.mil@mail.mil](mailto:Raymond.E.Folsom2.mil@mail.mil))
- 25 **Human Flourishing Conference**  
Presenters: Post, Emmons, Myers, Koenig, Vaillant, & others  
Annual Templeton Foundation Members Meeting  
Sewanee, Tennessee  
Meeting closed to the public
- 27 **Spirituality from the perspective of Christopher Lasch: Why are his views Important?**  
Dan G. Blazer, M.D., Ph.D.  
J.P. Gibbons Professor, Department of Psychiatry & Behavioral Sciences, Duke University Medical Center  
Center for Aging, Duke University Med Center 3:30-4:30  
Contact: Harold G. Koenig ([koenig@geri.duke.edu](mailto:koenig@geri.duke.edu))

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