

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, and events in this area.

All e-newsletters are archived on our website. To view previous editions (July 2007 through Feb 2016) go to:

<http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

LATEST RESEARCH

Research on Religion, Spirituality and Health: Context-based Findings?

Sociologist Olga Stavrova from the Institute of Sociology and Social Psychology at the University of Cologne, Germany, in Study #1, analyzed data on religiosity and self-rated health collected from 59 countries (World Values Survey). In Study #2, she analyzed U.S. data on religiosity, self-rated health, and actual mortality (based on the General Social Surveys and National Death Index). In Study #1, religious measures were frequency of religious attendance, self-rating as a religious person, and importance of religion; self-rated health was assessed as very good, good, fair, and poor (1-4). Controlled in analyses was socioeconomic status. A country's "social norm for religiosity" was also calculated using the country's average values on religiosity and the percentage of respondents per country that believed (1) children should learn religious faith at home and (2) politicians who don't believe in God are unfit for public service. Multi-level regression was used to examine religiosity's relationship with self-rated health across countries. **Study #1 Results:** The positive correlation between religiosity and self-rated health varied across countries, with the relationship substantially stronger in countries with a strong cultural norm for religiosity than in countries with a weak norm for religiosity. In Study #2 (based on U.S. data), religiosity was measured by frequency of religious attendance and self-rated health was assessed similar to Study #1. Actual death (vital status from 1978-2008) was determined using the National Death Index. Regional level of religiosity was based on average of individuals' responses to religious questions, thus reflecting the regional norm for religiosity. Regression analysis (but not multi-level analyses) was used to assess relationships between religiosity, self-rated health, and actual mortality, controlling for demographics and religious affiliation. **Study #2 Results:** The relationship between religiosity, self-rated health and actual death varied by regional level of religiosity; the higher the regional religiosity, the stronger the effect on mortality. The researcher concluded that: "the health and longevity benefits of religiosity are restricted to highly religious regions."

Citation: Stavrova O (2015). Religion, self-rated health, and mortality: Whether religiosity delays death depends on the cultural context. *Social Psychological and Personality Science* 6(8):911-922

Comment: Given the complex statistical methods used in this study, we sought opinions from two well-known academic biostatisticians familiar with the methodology. The question asked was "Does this study debunk the research on religion and health?" (which the news media headlined). Here are their responses:

"The study does not debunk religion and health research. All it does is revisit Stark's Moral Communities Hypothesis. This study does not suggest that religiosity is not beneficial or significant. It merely specifies when individual religiosity is most beneficial. This is just like showing that women or Blacks benefit more from religiosity. The basic conclusions of the study are not new. I have reviewed studies that show similar patterns. The results are also not at all surprising. If you change the religious context or religious culture, you should see changes in the outcomes of religiosity. This is why the religion-health connection seems stronger in the U.S. than in other countries. There is something unique about the organization of religion in the U.S. That's it. There is no debunking of the religion-health literature overall. This is an elaboration of the literature that is not new. The methods seem reasonable. You might be able to quibble with some of the measurements, but this pattern is not new and makes clear theoretical sense." – Terrence D. Hill, Ph.D., Associate Professor, School of Sociology, University of Arizona.

"The Stavrova study certainly does not 'debunk' the service-attendance mortality relationship. That relationship has been studied rigorously, with sufficiently consistent results; thus, it is difficult to believe that it will ever be overturned at this point. Table 1 in her paper uses self-rated health, rather than mortality, but even there, almost all of the significant associations in the final column of the table (which controls for other covariates) are positive, with the exception of Albania and Moldova. Likewise, the estimates in all US regions for health and for mortality are either beneficial in the vast majority of cases or essentially null. What the paper does do is show that the strength of the association may depend on context, and this seems reasonable. To take an extreme case, in a setting of severe religious persecution, service attendance is likely to be associated with greater mortality. I think it is possible that the person-culture fit hypothesis plays some role, but this is certainly not everything in play since, in the vast majority of contexts, attendance is associated with *lower* mortality, and so the overall direction still needs explaining. If only person-culture fit mattered, then, on those grounds, one might also expect to find that eating large quantities of fried chicken predicts lower mortality in those geographic areas where this is common. I don't think the results of the Stavrova paper are at all troubling (only the misleading interpretation given in the abstract)." – Tyler VanderWeele, Ph.D. (biostatistics), Professor, Harvard University, Departments of Epidemiology and Biostatistics.

EXPLORE...in this issue

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Use of Religious Song in African-American Cancer Survivors

Researchers at Johns Hopkins School of Nursing analyzed qualitative data collected on 31 older African American cancer survivors living in the Southeastern US. Participants were asked how they used religious songs to alleviate negative emotional symptoms associated with their cancer diagnosis and treatment. **Results:** Participants indicated that religious songs were used to lift feelings of depression, sadness, feeling weak, worried and fearful. These elders, many who had lived a difficult life in environments of poverty, drugs and crime, said that religious songs brought them hope and meaning when life was dark and hard because of their cancer-related symptoms. Different types of religious songs were described, including songs of praise, thanksgiving, communication with God, and promise of eternal life after death. Examples of songs given were: "His Eye is on the Sparrow," "Amazing Grace," "Jesus Love Me This I Know," "Won't it be Grand," and "Swing Low, Sweet Chariot." The authors concluded that "Religious songs appear to be an important form of religious expression in this population and used to manage psychological symptoms."

Citation: Hamilton JB, Worthy VC, Kurtz MJ, Cudjoe J, Johnstone PA (2016). Using religious songs as an integrative and complementary therapy for the management of psychological symptoms among African American cancer survivors. Cancer Nursing, E-pub ahead of print

Comment: This is a fascinating in-depth look at how people of faith maintain their quality of life in the face of cancer. From their descriptions, it seems like more than just a cultural thing.

Effects on Mental Health of Listening to the Qur'an Recited

Investigators at the Health Promotion Research Center at Zahedan University of Medical Sciences in southeastern Iran examined the effects of listening to the Qur'an being recited. A random sample of 81 participants were selected; those having traumatic backgrounds or suffering from mental illness were excluded. A standard 12-item mental health questionnaire (not described) was administered in test and control groups at baseline and one week following the intervention (there was no significant difference between groups on average mental health scores at baseline). Unclear was whether participants were randomized to test and control groups. Randomization is unlikely since intervention and control groups were situated (and likely employed) in different locations. Participants in the intervention group located at one site listened to the Qur'an being recited (Tartil method, without musical tone) for 15 min every morning at 8:15-8:30am for 2 months via the building's loud speakers. At the control location, this was not done. The reader's voice and verses from the Qur'an were chosen at random. **Results:** Average age of participants was 34.2 years in the intervention group and 37.0 years in the control group. Mental health scores increased significantly across time in the intervention group ($p=0.001$) but not in the control group ($p=0.70$). At the 1 week follow-up, mental health scores in the intervention group were significantly higher compared to the control group ($p=0.037$). The researchers concluded: "...broadcasting of voice Quran reader through the offices building's speakers at the beginning of work time can be suggested for betterment of personnel's mental health" [spelling and grammar errors not corrected].

Citation: Mahjoob M, Nejati J, Hosseini A, Bakhshani NM (2016). The effect of Holy Quran voice on mental health. Journal of Religion and Health 55(1):38-42

Comment: Although study methodology is brief and unclear (apparently not randomized, and done at the group level), the findings reported here are pretty remarkable if true.

Religiosity and Self-Rated Health in Atheists

Researchers in the department of psychology at Memorial University of Newfoundland (Canada) analyzed data from the 2008-2012 U.S. General Social Survey (a random sample of 3,427 Americans) to examine the relationship between religiosity and self-rated health in atheists. Religiosity was assessed by single items of religious attendance (9-level), private prayer (6-level), and self-rated religiosity (4-level). Belief categories were based on the question: "...which statement comes closest to expressing what you believe about God?" with responses "I don't believe in God" (Positive Atheists, $n=108$ or 3.2%); "I don't know whether there is a God and I don't believe there is any way to find out" (Agnostics, $n=186$, 5.4%); "I don't believe in a personal God, but I do believe in a higher power of some kind" (Deist, $n=375$, 10.9%); "I find myself believing in God some of the time, but not at others" (Weak Theist, $n=154$, 4.5%); "While I have doubts, I feel that I do believe in God" (Moderate Theist, $n=571$, 16.7%); and "I know God exists and I have no doubts about it" (Strong Theist, $n=2,033$, 59.3%). Self-rated health was measured in the usual fashion (4 category response option). Analyses were controlled for age, sex, income, education, region, marital status, race, and survey year. **Results:** Self-rated health among Positive Atheists was similar to that reported by those in other belief categories, except that Positive Atheists who reported higher levels of religiosity self-rated their health as significantly poorer (compared to Strong Theists, in particular). Researchers concluded that "...atheists experienced religiosity more negatively than non-atheists" and "...belief in God is not inherently linked to better reported health."

Citation: Speed D, Fowler K (2016). What's God got to do with it? How religiosity predicts atheists' health. Journal of Religion and Health 55:296-308

Comment: Fascinating study. What lessons can we learn from this study? One lesson that atheists can take away is that if you don't believe in God, then "religion is probably bad for your health." Actually, given these cross-sectional analyses, the more likely explanation is that "poor health is bad for your atheism," since atheists may turn to religion to cope when they get sick. A lesson that theists can take away is that "belief alone ain't enough." As the scripture says, "Thou believest that there is one God; thou doest well: the devils also believe, and tremble" (James 2:19).

Religious Involvement and Suicide

Researchers examined the relationship of religious affiliation, importance of religion, and frequency of religious attendance to the frequency of prior suicide attempt and suicidal ideation in 321 depressed patients involved in research studies at the New York State Psychiatric Institute. Since only the abstract of the study was available, details are lacking. **Results:** Past suicide attempts were over twice as common among those who indicated a present religious affiliation ($OR=2.25$, $p=0.007$). Furthermore, suicidal ideation was greater in those who considered religion more important ($B=1.18$, $p=0.026$) and in those who attended religious services more frequently ($B=1.99$, $p=0.001$). Investigators concluded that "the relationship between religion and suicide risk factors is complex and can vary among different patient populations."

Citation: Lawrence RE, Brent D, Mann JJ, Burke AK, Grunebaum MF, Galfalvy HC, Oquendo MA (2016). Religion as a risk factor for suicide attempt and suicide ideation among depressed patients. Journal of Nervous and Mental Disease, Feb 18 [Epub ahead of print]

Comment: Fascinating report whose findings go against 75% of the more than 150 research studies on religion, spirituality and suicide, which report the opposite. How does one make sense of this find? The sample in this study (clinically depressed patients) is quite different from samples in previous studies that were primarily composed of non-depressed community or medically ill

populations. Still, why would clinically depressed patients who attend religious services more often have greater suicidal ideation? Given that these findings are cross-sectional, the direction of effect is not known. Might depressed persons with suicidal ideation seek comfort and relief from their suffering in religious activity? Alternatively, might religious activity lead to more suicidal ideation (inducing guilt due to failure to live up to religious standards)? Future prospective studies are needed to sort out this chicken vs. egg dilemma.

Religion, Spirituality and Meaning-Making in Polish Adolescents

Dariusz Krok from the Institute of Family Sciences in Opole University (Poland) surveyed 221 individuals in late adolescence (16 to 20 years, 52% women) from colleges and workplaces in southern Poland. The purpose was to examine the mediating effects that global meaning and situational meaning had on the relationship between religion/spirituality (R/S) and coping. Religiousness was assessed using the Religious Meaning System Questionnaire (Krok, 2009) with two subscales assessing orientation and meaningfulness. Spirituality was measured by the Self-Description Questionnaire of Spirituality (Heszen-Niejodek et al, 2003), a measure that consisted of three subscales: (1) religious attitudes concerning religious belief and behavior; (2) ethical sensitivity regarding prosocial beliefs about humanity; and (3) harmony reflecting inner peace and personal connections. Global meaning was measured by the Meaning in Life Questionnaire, and situational meaning by items assessing the meaning experienced in the context of a particular life event. Coping was measured using the 48-item Coping Inventory for Stressful Situations (Endler & Parker, 1999). Structural equation modeling was used to assess relationships. **Results:** Most adolescents were Christian (94%). R/S had both direct positive effects on coping and indirect positive effects on coping through global and situational meaning. Thus, adolescents with higher levels of R/S were more likely to experience greater global and situational meaning, which in turn influenced their use of positive coping behaviors.

Citation: Krok D (2015). Religiousness, spirituality, and coping with stress among late adolescents: A meaning-making perspective. *Journal of Adolescence* 45:196-203

Comment: This is one of the first studies to examine the relationship between religious/spiritual involvement and coping behaviors of adolescents in Poland, exploring the role that meaning-making plays in that relationship. Sadly, the measures are difficult to distinguish from each other (heavy overlap between religion, spirituality, mental health, and meaning). In other words, religiosity/spirituality are measured in terms of meaning, harmony, and connection, and then correlated with meaning as a mediator in R/S effects on coping behaviors that reflect good mental health. Use of such overlapping constructs makes these cross-sectional associations difficult to interpret.

Spiritual Influences on Self-Sampling for Cervical Cancer Screening in Nigeria

Investigators at the University of Cambridge, UK, and university and health departments in Nigeria and the United States, examined the effects of spirituality and modesty on participants' preference for self-sampling for cervical cancer vs. sampling by health professionals in a clinic. In this study, the sample was composed of 581 women age 18 or older (average age 29, 70% married) living in the southwestern and north central regions of Nigeria. Self-sampling is a method for collecting samples for HPV DNA analysis to identify cervical cancer early, while overcoming some of the religious and cultural modesty concerns that surround health professional cervical exams. Spirituality was measured by a 7-items selected from the Fetzer Institute's BMMRS by the authors

(the items appeared reasonable for assessing religiosity). Modesty was assessed by an 8-item scale developed by the authors.

Results: Participants were 50% Christian and 50% Muslim. Relatively few women were even aware of cervical cancer (43%) or its symptoms (33%). Only a small minority (19%) preferred self-sampling to sampling by a health care provider. Most participants were highly religious (i.e., 90% agreed or strongly agreed to feeling God's presence every day, finding strength and comfort in religion, believing that God watches over people, etc.). Regression analyses controlling for age, geographic location, and socioeconomic status, indicated that those who were more spiritual/religious were *less likely* to prefer self-sampling over health provider sampling (OR=0.88, 95% CI 0.78-0.99, p=0.03). Muslims, however, were more likely to prefer self-sampling compared to Christians (OR=1.69, 95% CI 1.09-2.64, p=0.02), even after controlling for spirituality. Researchers concluded these results demonstrated "the importance of taking cultural and religious beliefs into consideration in planning health interventions like cervical cancer screening."

Citation: Dareng EO, Jedy-Agba E, Bamisaye P, et al (2015). Influence of spirituality and modesty on acceptance of self-sampling for cervical cancer screening. *PLOS One* 10(11):e0141679

Comment: Health professionals often ignore or underestimate the impact that religious beliefs have on people's health behaviors and screening practices. This study underscores their importance, especially in a country such as Nigeria.

Religious Involvement, Malpractice and Maladaptive Behaviors in ER Physicians

Researchers at Brown University, Rush University, and other academic institutions surveyed 138 (out of 422) Emergency Medicine (EM) physicians from the Massachusetts College of Emergency Physicians. They examined three outcomes: burnout (with a 2-item version of the Maslach Burnout Inventory), maladaptive behaviors (smoking, drinking, drug use), and self-reported history of malpractice. Also measured was religious involvement. Single items were used to assess organizational religiosity, private religious activity, religious affiliation, self-rated spirituality, intrinsic religiosity, religious rest, and spiritual counsel, each dichotomized in the statistical analysis. In examining relationships between religious characteristics and the three outcomes, correlates significant at <0.10 in bivariate analyses were included as controls in multivariate analyses. **Results:** Physicians in this sample were not particularly religious; 25% reported no affiliation, 50% never prayed; 56% attended religious services less than once/year; 80% never observed a day of rest for religious reasons; and 60% indicated they were not very spiritual. No relationship between religious variables and burnout was found. However, regression analyses indicated that (a) physicians who attended religious services (to any degree) were less likely to engage in maladaptive behaviors and (b) those who took a day of rest for religious reasons were less likely to have a history of medical malpractice. No other relationships with religious variables were found. Researchers concluded that these findings provided "preliminary evidence for a possible protective association of certain dimensions of R/S on maladaptive behaviors and medical malpractice."

Citation: Salmoirago-Blotcher E, Fitchett G, Leung K, Volturo G, Boudreaux E, Crawford S, Ockene I, Curlin F (2016). An exploration of the role of religion/spirituality in the promotion of physicians' well-being in emergency medicine. *Preventive Medicine Reports*, E-pub ahead of print

Comment: There are numerous problems with this important study besides a poor response rate (33%). Single item measures for religious variables are not very sensitive, and dichotomizing those variables for analysis reduces their sensitivity even further. Given that, note there were non-significant trends in the expected

direction between almost all religious variables and the three outcomes, which may have reached statistical significance had religious variables been measured and handled appropriately. The findings, however, are interesting and provide, as the authors note, preliminary evidence for a protective effect. Future studies using multi-item measures of religiosity that are left as continuous in statistical analyses (along with more sensitive measures of physician problem outcomes) are needed to replicate and extend these findings. If religious involvement protects physicians from problems that affect ability to care for patients and competently practice medicine, this needs to be known.

NEWS

David B. Larson Fellowship in Health and Spirituality

The John W. Kluge Center is now open for applications for the Larson fellowship. This research opportunity at the Library of Congress is open to post-doctoral scholars working at the intersection of health and spirituality. It provides a 6-to-12 month stipend for **residential** research at the Library of Congress for any topic that investigates the role of religion and spirituality in physical, mental, and social health. This is a terrific opportunity to do extensive literature reviews at the Library of Congress, write an academic research book, or plan research activity for a career in this area. The only hitch is that it is a residential fellowship, which means you have to live in Washington DC during the fellowship (which isn't so bad either). Deadline is **April 17, 2016**. For more information, go to:

<http://www.loc.gov/kluge/fellowships/larson.html>.

Event Honoring Dr. Ken Pargament

RSVP by **March 4** to attend this gala event honoring the scholarly contributions of professor Kenneth Pargament to be held on April 15, 2016, at Bowling Green University in the Bowen-Thompson Student Union (room 308 from 8AM-4PM). Dr. Pargament has mentored an entire generation of scholars in the field of psychology and religion. One could argue that almost every university in the U.S. has a student of Ken on the faculty. A brilliant researcher, writer, and just a great guy always and everywhere, he published his first study on religion and mental health in 1979. Since then, he has defined the field of religion, spirituality and health in psychology. The title of this all-day event is "Spirituality and the Deepening of Clinical Research and Practice: An Emerging Multi-Disciplinary Field." Speakers include Carrie Doehring (Iliff School of Theology, Denver), Neal Krause (University of Michigan), Julie Exline (Case Western Reserve University), George Fitchett (Rush University), Annette Mahoney (Bowling Green State University), and James Pawelski (University of Pennsylvania Positive Psychology Center). RSVP to Libby Allen-Dachik, allenda@bgsu.edu, to register (no fee) and to receive your parking pass.

World Psychiatry Association Approves Position Statement on Spirituality and Religion

The WPA Executive Committee has just approved a *WPA Position Statement on Spirituality and Religion in Psychiatry*. The statement emphasizes that for a comprehensive approach to patient care, religion/spirituality should be considered in research, training and clinical care in psychiatry. To read the full statement, go to: <http://religionandpsychiatry.org/main/wpa-position-statement-on-spirituality-and-religion-in-psychiatry/>. Also, see publication in *World Psychiatry* at <http://onlinelibrary.wiley.com/enhanced/doi/10.1002/wps.20304>.

1st Global Meeting on Spirituality and Mental Health

This meeting on Nov 4-7, 2015, took place during the 2015 Brazilian Congress of Psychiatry held in Florianópolis, Brazil. A special track in spirituality and mental health was provided over a 2.5 day period with 600+ attendees (the room held 600 and every seat was taken, often with participants standing). Pictures of the meeting and the packed room are provided in Psyche and Spirit December 2015 newsletter (<http://religionandpsychiatry.org/main/newsletter/>). The interest in religion, spirituality and mental health in Brazil is tremendous.

SPECIAL EVENTS

Research Workshop on Spirituality & Health in Gdansk, Poland (May 8-11, 2016)

A 4-day research workshop will be held just prior to the 5th biannual European Conference on Religion, Spirituality and Health (see below). This workshop is designed for graduate students and young faculty pursuing a research career or wanting to know more about research in this area. Individual mentorship on research projects and academic career development will be provided from senior university faculty active in the field. This workshop mirrors the 5-day research workshop held in August each year at Duke University. The workshop will be canceled if fewer than 10 people register by April 8. For more information, contact Rene Hefti rene.hefti@klinik-sgm.ch.

5th European Conference on Religion, Spirituality and Health (Gdansk, Poland, May 12-14, 2016)

This conference will focus on the integration of religion and spirituality into health care and its implications for patients in Europe. The Gdansk Lecture will be held by Prof. Dr. Halina Grzymała-Moszczyńska (Poland). Symposia are invited to allow research groups to present their research projects. Keynote speakers include: Julie Exline (Case Western Reserve University), Simon Dein (University College London), Michael B. King (University College London), Kevin Ladd (Indiana University), Vasileios Thermos (University Ecclesiastical Academy of Athens), Stephanie Monod (University of Lausanne), Ulrich Kortner (University of Vienna), and others. For more info, go to: <http://www.ecrsh.edu>.

14th Annual David B. Larson Lecture

(Duke North Hospital, Room 2001, Durham, NC, **March 3, 2016**, 5:30-6:30P)

All are welcome to attend this year's timely lecture to be given by Rev. Dr. Gary Gunderson, who will speak about the topic of public policy, reimbursements, government, local and faith-based community partnerships to create a workable healthcare system that meets the needs of everyone, rich and poor. Dr. Gunderson is Vice President for Faith and Health at Wake Forest Baptist Medical Center and is Professor of Public Health Science at the Wake Forest University School of Medicine. He is known for more than two decades of work in the field of faith and public health, initially at the Carter Center and Emory School of Public Health, and more recently in Memphis, Tennessee, where he developed a program ("Memphis Model") with more than 530 congregational partners, which resulted in lower mortality, cost and dramatically lower hospitalization rates. Thanks to Dr. Jeff Levin for his generous support that makes this lecture possible. For more info, go to: <http://www.spiritualityandhealth.duke.edu/index.php/scholars/david-b-larson>.

Other Conferences

Conference on Medicine and Religion

(Houston, Texas, March 4-6, 2016)

See website: <http://www.medicinandreligion.com/>

1st International Congress on Religious/Spiritual Counseling and Care

(Istanbul, Turkey, April 7-10, 2016)

See website: <http://mdrk.org/en>.

4th International Conference of the British Association for the Study of Spirituality (BASS)

(Manchester, UK, May 23-26, 2016)

See website: www.bassspirituality.org.uk. For any enquiries, contact Prof. Emeritus Margaret Holloway (m.j.holloway@hull.ac.uk).

2nd International Conference in Spirituality in Healthcare

(Dublin, Ireland, June 23, 2016)

Contact Professor Fiona Timmins (timminsf@tcd.ie).

10th North American Conference on Spirituality and Social Work

(Vancouver, British Columbia, June 23-25, 2016)

See website: <http://www.spiritualityandsocialwork.ca/>.

Duke University Spirituality & Health Research Workshop

(Durham, North Carolina, August 15-19, 2016)

See website: <http://www.spiritualityhealthworkshops.org/>.

RESOURCES

The Illusion of God's Presence: The Biological Origins of Spiritual Longing (Prometheus Books, 2016)

From the publisher: "Starting with a vivid narrative account of the life-threatening hike that triggered his own mystical experience, biologist John Wathey takes the reader on a scientific journey to find the sources of religious feeling and the illusion of God's presence. His book delves into the biological origins of this compelling feeling, attributing it to innate neural circuitry that evolved to promote the mother-child bond. Dr. Wathey, a veteran neuroscientist, argues that evolution has programmed the infant brain to expect the presence of a loving being who responds to the child's needs. As the infant grows into adulthood, this innate feeling is eventually transferred to the realm of religion, where it is reactivated through the symbols, imagery, and rituals of worship. The author interprets our various conceptions of God in biological terms as illusory supernormal stimuli that fill an emotional and cognitive vacuum left over from infancy." Available for \$13.66 at: <http://www.amazon.com/The-Illusion-Gods-Presence-Biological/dp/1633880745>.

Comment: The author is John C. Wathey, a neuroscientist and computational biologist whose research has focused on evolutionary algorithms, protein folding, and the biology of nervous systems. From 1991 to 1995, he was a senior applications scientist at a company that develops molecular modeling software for the pharmaceutical industry (Bioviva), and later started his own company where he continues such work with NIH funding. Wathey is part of the new atheism community along with Richard Dawkins, Sam Harris, Christopher Hitchens, and other highly vocal scientists in this community. The ideas he presents here, however, are nothing new. In 1908, Freud wrote "Future and an Illusion," in which he made the same points about how God is simply a

projection of parent figures from infancy. And yet, over a hundred years later, more than 90% of the world's population continues to believe in God or a Higher Power (Gallup World Poll). A hundred years from now, long after John C. Wathey finds out for himself if God is an illusion, it remains to be seen whether his name will be as remembered Freud's. What proportion of the world's population at that time will continue to believe in God?

CME/CE Videos (CSTH, July 2015)

Due to the generous support of the Templeton Foundation and Adventist Health System, five professionally produced 45-minute videos on **why and how** to "integrate spirituality into patient care" are now available on our website (*for free*, unless CME/CE is desired). Videos are targeted at physicians, nurses, chaplains, and social workers in an effort to help them form **spiritual care teams** to provide "whole person" medical care that includes the identifying and addressing of spiritual needs. No other resource like this currently exists. Go to:

<http://www.spiritualityandhealth.duke.edu/index.php/cme-videos>.

Health and Well-being in Islamic Societies

(Springer International, 2014)

What exactly do Muslims believe? How do these teachings line up with Christian beliefs? While differences and similarities between Christian and Muslim beliefs and practices are examined, the core of the book focuses on research exploring religiosity and health in Muslim populations. Available for \$53.22 at:

<http://www.amazon.com/Health-Well-Being-Islamic-Societies-Applications/dp/331905872X>

Spirituality in Patient Care, 3rd Ed

(Templeton Press, 2013)

The 3rd edition provides the latest information on how health professionals can integrate spirituality into patient care. Chapters target physicians, nurses, chaplains and pastoral counselors, mental health professionals, social workers, and OT/PT. Available for \$21.23 (used) at: <http://www.amazon.com/Spirituality-Patient-Care-When-What/dp/1599474255/>.

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 (more than 3300 studies in 2010). Spirituality and health researchers, educators, health professionals, and religious professionals will find this resource invaluable. Available for \$132.51 (used) 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 University's Summer Research Workshop on Spirituality and Health (see above), and is packed full of information helpful in performing and publishing research on this topic. Available for \$38.20 (used) at: <http://www.amazon.com/Spirituality-Health-Research-Measurements-Statistics/dp/1599473496/>

POSTDOCTORAL FELLOWSHIPS AND INTERNSHIPS

Post-doc Fellowship in Religion, Healing and Medicine

Wellesley College has just authorized a 3-year Elizabeth Luce Moore Postdoctoral Fellowship in the Department of Religion in the

field of religion, healing, and medicine, beginning in Fall 2016. The application deadline is **March 14, 2016**. Here is the announcement "We seek a Fellow with training in fields such as religion and medicine, the anthropology of religion, medical anthropology, or ethnobotany who can teach courses in both healing in indigenous and traditional religious cultures and the deployment of those techniques in contemporary medicine or psychology. The geographical range of expertise is not restricted; we welcome applications from all culture areas, including comparative research. The successful applicant will teach one course in each semester of residence, including a foundational course in religion, healing, and medicine as well as other offerings on topics related to the candidate's training and research. The Fellow will also have a relationship with the Newhouse Center for the Humanities at Wellesley College... Materials should be submitted through our online application system at <https://career.wellesley.edu>. The Fellowship is open to candidates who have been awarded a doctorate in the five-year period preceding the appointment and no later than June 1st, 2016."

Jimmy Carter Center Healthcare Internships

There are approximately 115 internship positions this year based in Atlanta. The applicant can be from any specialty and from around the world. The Center provides a substantive learning experience that serves as a basis for interns to explore their career options and to attain professional skills. Founded by former U.S. President Jimmy Carter and former First Lady Rosalynn Carter, the Carter Center is guided by a fundamental commitment to alleviation of human suffering and improve health. President and Mrs. Carter do meet with the interns as a group. Physicians, scientists, graduate students, medical students, and other health professionals from around the world from all specialties are invited to apply. It is likely that they may be quite receptive to those interested in pursuing research in area of religion, spirituality and health. For more info, go to: <https://app.trialect.com/3194/display>.

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry (OFI)

The John Templeton Foundation is now accepting new funding requests *at any time of the year* through their OFI form. The next deadline for "small grants" submission is February 29, 2016 [a small grant is considered less than \$217,400], with decision made by March 31. The next deadline for "large grants submission" (greater than \$217,400) is August 31, 2016. 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: <https://www.templeton.org/what-we-fund/grantmaking-calendar>.

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PLEASE Partner with us to help the work to continue...

<http://www.spiritualityandhealth.duke.edu/index.php/partner-with-us>

2016 CSTH CALENDAR OF EVENTS...

March

- 3 **Faith and the Health of Complex Human Populations**
14th Annual David B. Larson Memorial Lecture
Duke University Hospital North, Room 2001
Speaker: Rev. Dr. Gary Gunderson
Vice President for Faith and Health at Wake Forest Baptist Medical Center
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 18 **The Role of Faith and the Holy Spirit in Health and Illness: Research and Clinical Application**
Holy Spirit Conference, Regent University
Virginia Beach, VA
Speaker: Harold G. Koenig, M.D., and others
Contact: Diane Chandler (diancha@regent.edu)
- 30 **How Buddhist Beliefs & Practices Support Mental Health among Asian Populations**
Speaker: Rev. Sumi Loundon Kim
Buddhist Chaplain, Duke University
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

April

- 14 **Spiritually-oriented Cognitive Processing Therapy for the Treatment of Moral Injury in Active Duty Military with PTSD**
Eisenhower Army Medical Center, Augusta, GA
Speaker: Harold G. Koenig, M.D.
Contact: Scott Mooney, PhD (scott.r.mooney.civ@mail.mil)
- 27 **Ecology, Theology, and Health : Spiritual Care in Population Health**
Speaker: Keith G. Meador, M.D., ThM, MPH
Professor of Psychiatry and Health Policy
Director, Center for Biomedical Ethics and Society
Vanderbilt University
Director, Mental Health and Chaplaincy
VHA – VISN 6 MIRECC
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)