

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

## LATEST RESEARCH OUTSIDE DUKE

### Religion, Risk and Development of Alcoholism in Female Twins

Investigators at the VA Palo Alto Healthcare System, Yale University, and Washington University School of Medicine analyzed data from a 5-year prospective study of 4,002 young adult female twins (ages 13-19) to assess factors influencing the initiation of drinking, years from first drink to at-risk drinking, and years from at-risk drinking to alcohol dependence. Religious involvement was assessed using a 4-item religious motivation/devotion scale, and single items examining religious attendance and religious affiliation. Survival analysis was used to determine the independent effect on risk of religious involvement while controlling for other usual risk factors (emotional disorders and parental factors). **Results:** religious attendance and religious motivation/devotion were significantly and inversely related to time to first alcohol drink, and religious motivation/devotion were inversely related to time from first drink to at-risk drinking. However, no religious variables were related to time from at-risk drinking to alcohol dependence. Researchers concluded that religious factors "appeared to be critical determinants of intermediate-stage progression" suggesting that it may be particularly helpful in preventing progression at that stage. However, once a young female reached the stage of at-risk drinking, religious factors no longer appeared to matter in preventing the progression from here to alcohol dependence. *Citation:* Haber JR, Grant JD, Sartor CE, Koenig LB, Heath A, Jacob T (2013). Religion/spirituality, risk, and the development of alcohol dependence in female twins. *Psychology of Addictive Behaviors*, Mar 25 [E-pub ahead of print] *Comment:* A large important study that suggests that clinicians, parents and faith communities should target religious interventions at an early to intermediate stage in the progression from first drink to alcohol dependence, and not wait until the girl is an at-risk drinker.

### Religion and Mental Health in AIDS Patients in Tanzania

Researchers at Yale School of Public Health and Primary Health Care Institute in Iringa surveyed 135 rural low-income HIV+ adults in Iringa, Tanzania, to examine the relationship between religiosity, spirituality and mental health in this population. Mean age of participants was 40 years, 87% were female, and 89% were Christian. Religiosity was measured using the Duke University Religion Index, and spirituality was assessed using the 12-item FACIT-Sp. Social support (using the SSQ-6) and coping behaviors (using the Brief COPE) were also measured, along with depression, anxiety and stress (using the DASS-21). Structural equation modeling was used to analyze the relationships. **Results:** religiosity was inversely related to "avoidant coping" (-0.35,  $p < 0.05$ ) and positively related to social support (+0.27,  $p < 0.05$ ), whereas spirituality was associated with greater active coping (+0.49,  $p < 0.01$ ) and with greater social support (+0.48,  $p < 0.001$ ). Active coping was unrelated to depression, anxiety or stress, whereas avoidant coping was strongly related to all three. Social support was also strongly and inversely related to all three psychological distress variables. Both religiosity and spirituality were significantly related to less depression, anxiety, and stress via indirect effects through avoidant coping (religiosity) and social support (religiosity and spirituality).

*Citation:* Steglitz J, Ng Reuben, Mosha JS, Kershaw T (2012). Divinity and distress: The impact of religion and spirituality on the mental health of HIV-positive adults in Tanzania. *AIDS and Behavior* 16:2392-2398

*Comment:* Great efforts are now being made to stem the spread of HIV in African populations, and faith-based approaches are now being considered as one avenue for doing so. We know that poor mental health reduces compliances and increases risky sexual behaviors, and religious involvement may increase compliance and reduce risky sexual behaviors. If religious involvement can also enhance mental health, then it may be particularly important in slowing up the spread of HIV in poor areas of Africa through all three mechanisms.

### Religion and Mental Health in Schizophrenia

Investigators in the Department of Psychology at the University of Miami (Coral Gables, FL) review the research on religion and schizophrenia and explore the potential mechanisms by which religious belief benefits individuals with this disease. Using data from a sample of 112 persons with schizophrenia or schizoaffective disorder, they use structural equation modeling to test whether religious involvement is related to severity of symptoms and quality of life. **Results:** "meaning making" mediated the relationship between intrinsic religiosity and greater quality of life in participants. Researchers concluded that clinical interventions for the treatment of schizophrenia should consider the benefits that religious involvement may have in terms of increasing quality of life through this pathway.

*Citation:* Tuchman N, Weisman AG (2013). Religion's effect on mental health in schizophrenia. *Clinical Schizophrenia and Related Psychoses*, Feb 21 [Epub ahead of print]

*Comment:* Only the abstract of this study was available for review. However, given the long history within mental health of claiming that religion exacerbated the symptoms of schizophrenia, it is

EXPLORE...in this issue

1-3 LATEST RESEARCH

3 NEWS

3-5 EVENTS & RESOURCES

5-6 FUNDING Opportunities & CALENDAR

refreshing to see an article trying to tease out the benefits of religious involvement for those with this devastating, alienating and isolating chronic disease.

### Religion and Suicide in Patients with Mental Illness or Cancer (Switzerland)

Researchers at the Institute of Social and Preventive Medicine at the University of Bern analyzed data on suicide rates in Switzerland, finding that those without a religious affiliation have the highest suicide rates, whereas Catholics have the lowest rates and Protestants have rates in between. They also examined whether this association was modified by the particular diagnosis on the death certificate in 6,909 suicides among 3.7 million persons between 2001 and 2008. **Results:** Lower rates of suicide were particularly prominent in those with a diagnosis of cancer and were not as great among those with a diagnosis of mental illness. *Citation:* Panczak R, Spoerri A, Zwahlen M, Bopp M, Gutzwiller F, Egger M (2013). Religion and suicide in patients with mental illness or cancer. Suicide and Life-Threatening Behavior 43(2):213-222

*Comment:* Again, this description is based on the abstract alone, which was quite short. Nevertheless, this fascinating study suggests that religious involvement might be more beneficial for persons with situational stressors, such as having a diagnosis of cancer. Note, however, that the possible protective effect was also present in those with mental illness, although it wasn't quite as strong as in those with cancer.

### Religion and Mental Health in Asian Americans

Researchers analyzed data from a representative sample of 2,095 Asian Americans to examine associations between religious involvement, generalized anxiety disorder (GAD), and self-rated mental health, and to determine whether religion counteracted the detrimental effects of racial discrimination on mental health. Sample consisted of Chinese (n=600), Filipino (n=508), Vietnamese (n=520), and Indian, Japanese, and Korean (n=467). Self-rated mental health was assessed on a 5-point scale from poor (1) to excellent (5). Diagnosis of GAD was determined using the CIDI (Composite International Diagnostic Interview) based on DSM-IV criteria. Religious involvement was assessed by religious denomination (Christian vs. non-Christian) and by frequency of religious attendance on a 5-point scale from never (1) to more than once a week (5). Regression models controlled for gender, age, income, employment status, education, and five acculturation variables (English proficiency, birthplace, years in US, and a 10-item acculturation measure). **Results:** For every unit increase in religious attendance there was a 34% reduced risk of GAD (OR=0.66, 95% CI 0.47-0.91) and increase in self-rated mental health (B=+0.12, p<0.001). The latter was true in both Christians (B=+0.10, p<0.01) and non-Christians (B=+0.17, p<0.001). Discrimination was positively related to GAD and was inversely related to mental health, although there was no interaction between discrimination and religious involvement (suggesting that religion did not buffer the negative effects of discrimination, but was associated with better mental health regardless of discrimination level).

*Citation:* Appel HB, Ai AL, Huang B, Nicdao E (2013). Detrimental effects of discrimination on mental health in Asian Americans: Counteracting roles of religious involvement. International Journal for the Psychology of Religion, Jan 22 [Epub ahead of print]

*Comment:* This is the first study in a representative national sample of Asian Americans to examine the relationship between religious involvement and mental health in Christians and non-Christians. Interestingly, religious attendance appears to be especially protective against poor mental health in non-Christians. This makes sense given that non-Christians who regularly participate in their faith tradition may be protected from the stress

of living in a predominantly Christian culture. Interestingly, though, religious participation did not buffer against overall discrimination.

### Comment on "Religious Attendance and Depression: Reverse Causality"

Tyler VanderWeele from the Department of Epidemiology and Department of Biostatistics at the Harvard School of Public Health wrote a letter to the editor commenting on Joanna Maselko's report "Religious service attendance and major depression: a case of reverse causality?" (*Am J Epidemiol* 2012; 175:576-583, a study summarized in our April 2012 newsletter). He agrees with Maselko that inverse relationships between attendance and depression in cross-sectional studies cannot be interpreted as evidence for a causal relationship (i.e., attendance preventing depression). He also notes, however, that several longitudinal studies have shown that baseline religious attendance predicts a lower likelihood of future depression, controlling for baseline depression. Although confounders (such as genetic predisposition) could still explain this relationship, the problem of depression preventing religious attendance is much less of a concern in longitudinal studies. Considering both prior longitudinal studies and Maselko's results, VanderWeele concludes that there is probably an effect in both directions (attendance preventing depression and depression preventing attendance). He also notes that even in longitudinal studies that show religious attendance prevents depression, interpretation of the effect of the exposure (attendance) can be complicated. What is actually needed are studies of change in exposure, i.e., effects of change in religious attendance on change in depression. This would require repeated measurements of both religious attendance and depression at regular intervals using methods to analyze the data that would allow feedback between measurements. In this way the cumulative effect of religious attendance on depression, and the cumulative effect of depression on religious attendance, could be compared. He notes that while Maselko's study did have more than one measurement of depression and religious attendance, she could not rule out the possibility that discontinuation of religious attendance from early childhood onward may have preceded the onset of early depression (before age 18) (a fact she admitted in the paper). VanderWeele suggested that more frequent measurements at shorter intervals could have sorted this out, but were not available in Maselko's data. In addition, he noted that the effect of religious attendance on depression and the effect of depression on discontinuation of attendance, might differ depending on age or cohort (as Maselko had noted), an effect that could be modeled statistically.

*Citation:* VanderWeele T (2013). Re: "Religious service attendance and major depression: A case of reverse causality?" [letter] American Journal of Epidemiology 177 (3):275-277

*Comment:* VanderWeele's comments underscore the point that Maselko's findings are not the last word on whether religious attendance prevents depression or whether depression prevents religious attendance. Future longitudinal studies with multiple measurements of both religious attendance and depression at short intervals (6-12 months) over time are needed.

### Religious Attendance and Major Depression in Canada

Speaking of longitudinal data, researchers in the department of psychiatry at the University of Saskatchewan in Saskatoon analyzed data on a 14-year prospective study of a representative national sample of 12,583 Canadians not depressed at baseline. They examined whether religious characteristics at baseline in 1994 could predict risk of developing major depression during the follow-up period. Major depression was diagnosed using the CIDI (Composite International Diagnostic Interview-Short Form) at each of the 8 follow-up waves during this period. Religious characteristics assessed at baseline were frequency of religious attendance, importance of spiritual values, and self-identification

as a spiritual person. **Results:** Those who attended religious services at least monthly in 1994 were 22% less likely during the next 14 years to develop major depression compared to nonattenders (hazard ratio=0.78, 95% CI 0.63-0.95, p=0.01). These results controlled for both confounders (age, household income, family and personal history of depression, education) and mediators (marital status and perceived social support, both higher among frequent attendees). A gradient of effect was also present (HR=0.78 in monthly attendees and HR=0.90 in occasional attendees, vs. non-attendees). In contrast, importance of spiritual values and self-identification as a spiritual person had no protective effect against major depression.

*Citation:* Balbuena L, Baetz M, Bowen R (2013). Religious attendance, spirituality, and major depression in Canada: A 14-year follow-up study. Canadian Journal of Psychiatry 58 (4):225-232

*Comment:* This is one of the largest and longest prospective study of major depression ever conducted in Canada (and possibly in the world). While religion (attending services) predicted a lower risk of developing major depression, self-defined spirituality did not. I think there's a lesson somewhere in here.

### **Spirituality, But Not Religion, Correlated with Quality of Life?**

Investigators at Ohio Health and Grant Medical Center in Columbus, Ohio, examined predictors of quality of life (QOL) in 108 patients with a history of limb amputation. The most common causes of amputation were trauma (56%) and the most common amputation was below-the-knee (49%). QOL was measured using the Duke Health Profile. Spirituality was measured using the Palouizian and Ellison 20-item Spiritual Well-Being Scale, which consists of two subscales: a 10-item religious well-being (RWB) (assessing relationship with God) and a 10-item existential well-being (EWB) (assessing meaning and purpose in life). **Results:** there was a strong correlation between Religious Well-being and (a) EWB (r=+0.31), (b) life satisfaction (r=+0.26), and (c) social health (r=+0.31) (all p<0.01). However, when regression models were constructed that included both RWB and EWB in the model, only EWB significantly predicted QOL measures and RWB appeared to have no effect. The authors concluded that existential "spirituality" (purpose and meaning in life) is a predictor of QOL, but that "religious" spirituality is not.

*Citation:* Peirano AH, Franz RW (2013). Spirituality and quality of life in limb amputees. International Journal of Angiology 21(1):47-52

*Comment:* These researchers make a major mistake in their analysis and conclusions (one that is often made in the literature). They include both RWB and EWB in the same statistical model predicting a measure of mental health (QOL). EWB is simply a measure of mental health, and there is no surprise that EWB is correlated with QOL (another measure of mental health). Yes, good mental health is correlated with good mental health!! This tautological relationship is meaningless and uninterpretable. This approach, however, also conceals the "indirect" relationship between RWB and mental health (in this case, QOL). Note that the uncontrolled correlations revealed that RWB was strongly correlated with EWB, life satisfaction, and social health. The researchers failed to note that RWB is almost certainly affecting QOL indirectly through its relationship with EWB (i.e., a strong relationship with God--high RWB --gives life meaning and purpose. This, however, was not examined and the wrong conclusion was made (i.e., that "spirituality" but not religion is related to QOL).

### **Farsi (Persian) Version of the Duke Religion Index**

Researchers at Tehran University of Medical Sciences in Tehran, Iran, examined the psychometric properties of a Farsi version of the DUREL (FDUREL). In the first phase of the study, the FDUREL was administered to 427 medical students at the University (all levels of training, 66% women, mean age 22 years),

where its internal consistency and test-retest reliability were assessed, along with its construct validity. In the second phase, the FDUREL was administered to a second sample of 557 medical students at the University (55% women, mean age 22 years), along with the 10-item Hoge Intrinsic Religiosity Scale, to determine concurrent validity. All participants were Shia Muslims. Results indicated the the FDUREL was uni-dimensional (single factor explaining 68% of the variance) and had good internal consistency (Cronbach alpha 0.86), test-retest reliability (r=0.93), and concurrent validity with the Hoge IR scale (r=0.78). Religiosity scores were higher among women than in men, and were inversely correlated with year of education (medical students further along in their training were less religious). Researchers concluded that "the FDUREL is a reliable and valid measure of religiosity in Farsi-speaking populations."

*Citation:* Hafizi S, Memari AH, Pakrah M, Mohebi F, Saghazadeh A, Koenig HG (2013). The Duke University Religion Index (DUREL): Validation and reliability of the Farsi version. Psychological Reports 112(1):151-159

*Comment:* This is the first study establishing the psychometric properties of a commonly used measure of religiosity in Western countries (DUREL) in a Muslim population of Iranian medical students. The Persian version of the FDUREL in Iran appears to operate similarly to the English version that has been used predominantly in Christian populations. Correlates of religiosity measured in this way also appear to be similar to those found in Western countries (higher in women, lower in medical students as their training level increases).

### **Personalized Medicine vs. Personalized Care (Commentary)**

Professors from the department of medical and molecular genetics, and religious studies, team up to write about the psychological, religious, and ethical challenges to implementing "personalized medicine." Personalized medicine, according to the National Institutes of Health, is the science of individualized prevention and therapy, in particular from a genetic medicine perspective that together with advances in technology, informatics, and computer science will improve disease prediction, prevention, diagnostic testing, and treatments. These authors discuss how "differences in patients' and physicians' expectations of what personalized medicine means" might come into conflict with religious, ethical, and psychological issues that often have a higher priority for patients than for medical scientists. Implications for academic medicine (and medical school curricula), genetic counseling, and achieving a balance of personalized medicine and holistic patient-centered care are discussed.

*Citation:* Cornetta K, Brown CG (2013). Balancing personalized medicine and personalized care. Academic Medicine 88 (3):309-313

*Comment:* A thoughtful article by a genetic medicine specialist and a religious scholar who have anticipated future conflicts between high-tech medical care and the religious, spiritual and ethical values that patients hold sacred. These conflicts are already a reality today.

## **SPECIAL EVENTS**

### **Uniting Spirituality with Medicine for Better Overall Health**

(May 10, Clearwater, FL)

G. Scott Morris, M.D., M.Div., will share his unique and successful approach to blending faith and health care. He is the founder and executive director of the Church Health Center in Memphis, TN, which is the largest faith-based clinic of its kind in the U.S. Health care professionals and spiritual leaders will be empowered by Dr. Morris' everyday examples that demonstrate the power of integrating spirituality with health and wellness practices. For more info, e-mail Margie Atkinson

([Marymargaret.Atkinson@baycare.org](mailto:Marymargaret.Atkinson@baycare.org)).

### **Meditation 101: Many Facets of Contemplative Practice**

(Houston, TX, May 14)

The Institute for Spirituality and Health at Texas Medical Center is presenting an evening with three long-time "contemplatives" to share their wisdom and insight on meditation from both Eastern and Western perspectives. Presenters will be Lex Gillan, a practitioner of yoga and meditation for 40 years who founded The Yoga Institute in Houston; Bob Hesse, Ph.D., an ordained Catholic deacon and president of Contemplative Network, Inc. (CN) dedicated to interdenominational Christian contemplative prayer; and Anne C. Klein, Ph.D., Professor of Religious Studies at Rice University and a practicing Buddhist and founding director of Dawn Mountain Tibetan Temple. For more info, go to website: <http://www.ish-tmc.org/content/meditation-beyond-mindfulness>.

### **2<sup>nd</sup> Annual Conference on Medicine and Religion** (Chicago, May 28-30, 2013)

Sponsored by Farr Curlin's Program on Medicine and Religion at the University of Chicago, the Conference provides a forum for scholars and health care professionals to ask what it means to care and how religious traditions and practices inform possible answers to the question – particularly those in Judaism, Christianity, and Islam. It is being held at the Westin Michigan Avenue in Chicago. Keynote speakers include Najah Bazy, RN, David Novack, PhD, Aasim Padela, MD, Warren Reich, PhD, and John Swinton, PhD. For more information, go to <http://pmr.uchicago.edu/2013-conference>.

### **Disaster Leadership Workshop** (Wheaton College, Wheaton, IL, June 4-8)

This workshop will equip church leaders to lead their congregations in developing disaster ministries in such areas as community preparedness, disaster recovery, and public health emergencies. Anyone interested in congregational leadership, disaster preparation and response, or the role of the church in emergencies is encouraged to attend. Participants who complete the workshop will earn a Certificate of Completion in Disaster Leadership. Over the course of several days, workshop participants will learn about disaster theological issues, congregational resilience and leadership, church disaster plans, how to provide spiritual first aid, and much more. Please note that early registration closes May 1st. For more info go [www.wheaton.edu/hdi](http://www.wheaton.edu/hdi) or email [hdi@wheaton.edu](mailto:hdi@wheaton.edu).

### **9th Malaysian Conference on Spirituality in Patient Care**

(Selangor, June 14-15)

The Islamic Hospital Consortium of Malaysia, in collaboration with the Ministry of Health-Malaysia, Institute of Islamic Understanding-Malaysia, Faculty of Medicine Universiti Teknologi Mara, Islamic Medical Association of Malaysia, and Sultan Aalaluddin Abdul Aziz Shah Mosque, are holding a conference and workshop in Selangor, Malaysia on spiritual support in patient care. The objectives of the conference are to (1) improve healthcare services, (2) increase awareness of the need for spiritual support for patients, (3) introduce and share Islamic medical ethics, (4) introduce and share the concept of Ibadah (worship) Friendly Hospital, (5) reinforce "Islamic worldview" (Tasawwur) among Muslim health professionals, (6) inculcate the concept of "work as Ibadah and amal" (worship and good deeds) among Muslim healthcare providers, and (7) share spiritual support programs for use in hospitals and other healthcare settings. For more info, go to <http://www.ihcmalaysia.my/> or e-mail [admin@ihcmalaysia.my](mailto:admin@ihcmalaysia.my).

### **5th Australian Biennial Spirituality and Health Conference**

(Adelaide, July 7-10)

The purpose of this conference is to explore the links between spirituality, religion, health and well-being. The program, to be held at the Elder Hall Conservatory on the campus of the University of

Adelaide in South Australia, will focus on findings of quantitative and qualitative research. The program will include pre- and post-conference workshops and a conference dinner. The keynote speaker is Stephen G. Post, Professor of Preventive Medicine and Founding Director (2008) of the Center for Medical Humanities, Compassionate Care, and Bioethics at Stony Brook University School of Medicine. He is best-selling author of *The Hidden Gifts of Helping* and *Why Good Things Happen to Good People*. This conference is for health care professionals, allied health practitioners, chaplains and clergy, ethicists, academics, administrators and policy makers, researchers and students. For more info, go to: <http://www.spiritualityhealth.org.au/>.

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

The National Health Service of the UK 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 focuses on religious psychotherapy for depression in chronic illness; research on the relationship between religion, spirituality and mental health; spiritual care of patients and of 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.tevv.nhs.uk/For-professionals/Conferences/Spirituality-and-good-practice-in-mental-health-care/>

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

Preparations are now being made to hold a 5-day conference at Fuller Theological Seminary in Southern California 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. 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).

### **Duke Summer Spirituality & Health Research Workshops**

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

Register now to ensure a spot 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, including 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** will be available for those with strong academic potential and serious financial hardships. For more information, see website:

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

## RESOURCES

### **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 a description of healthcare standards that require sensitivity to patients' spiritual needs. Chapters are targeted to the needs of physicians, nurses, chaplains, mental health professionals, social workers, and occupational and physical therapists. See website: <http://templetonpress.org/book/spirituality-patient-care> (available in June and can be pre-ordered for \$22.36).

### **Spirituality, Theology and Mental Health** (SCM Press, 2012)

This book, edited by psychiatrist and theologian Christopher Cook at Durham University (UK), provides reflections from leading international scholars and practitioners in theology, anthropology, philosophy and psychiatry as to the nature of spirituality and its relevance to constructions of mental disorder and mental healthcare. Key issues are explored in depth, including the nature of spirituality and recent debates concerning its importance in contemporary psychiatric practice, relationship between demons and well-being in ancient religious texts and contemporary practice, religious conversion, and the nature and importance of myth and theology in shaping human self-understanding. These are used as a basis for exploring some of the overarching intellectual and practical issues that arise when different disciplines engage together with an attempt to better understand the relationship between spirituality and mental health and translate their findings into mental healthcare practice. See website: <http://www.amazon.com/Theology-Spirituality-Mental-Health-Multidisciplinary/dp/0334046262> (available May 31) (\$75.00).

### **Servant Leadership in Nursing: Spirituality and Practice in Contemporary Healthcare** (Jones & Bartlett Publishers, 2010)

According to its description, this book "embraces the philosophy that a true leader, in any venue, must be a servant of those he or she leads. This text includes current information on the relevance of servant leadership for nurses practicing in a healthcare setting with extensive literature review on leadership in nursing and health care as well as on servant leadership. This unique text also includes a newly developed model of servant leadership in nursing, supported by powerful and poignant perceptions and experiences of servant leadership elicited in interviews with 75 contemporary nursing leaders." The author, Mary Elizabeth O'Brien, has been involved in research and teaching in the area of religion, spirituality and health for well over 30 years. See website: [http://books.google.com/books/about/Servant\\_Leadership\\_in\\_Nursing.html?id=vArXRIPzux4C](http://books.google.com/books/about/Servant_Leadership_in_Nursing.html?id=vArXRIPzux4C) (\$38.30 on Amazon.com)

### **Spirituality in Nursing Video Series**

Doreen Westera, MScN, Med, a professor of nursing at Memorial University in St John's, NL Canada, announces the initiation of an online elective course entitled "The Spiritual Dimension of Nursing Practice." Her website has a series of videos in the area of spirituality and health/nursing care that readers might find useful. Some are focused explicitly on nursing, others are more general to all helping professionals. Descriptions and 9 minute previews of all of these can be found on her website: [www.ucs.mun.ca/~dwestera](http://www.ucs.mun.ca/~dwestera). The cost of the videos are \$195 each, with a 25% discount for ordering 5 videos or more.

### **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, 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. Book available for purchase (\$39.96) at: <http://templetonpress.org/book/spirituality-and-health-research>. For a comprehensive review of this text, see Matthew Porter's review in the December 2012 online edition of *Journal of Religion and Health* (<http://link.springer.com/article/10.1007/s10943-012-9666-x>).

## FUNDING OPPORTUNITIES

### **2013 Distinguished Investigator Grant**

The Brain & Behavior Research Foundation is accepting online applications for the 2013 Distinguished Investigator Grant. This program provides support for experienced basic and/or clinical investigators (full professor or equivalent) and offers up to \$100,000 for a one year period. Research must be relevant to schizophrenia, mood disorders or other serious mental illnesses including research with anxiety, bipolar disorders, personality disorders or early and or late onset of severe brain and behavior disorders. All applications must be completed and submitted online through the Brain & Behavior Research Foundation website by Saturday **June 1, 2013** For more information regarding grant eligibility, guidelines, requirements, or to apply, go to website: [www.bbrfoundation.org/DI](http://www.bbrfoundation.org/DI).

### **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. More information: <http://www.templeton.org/what-we-fund/our-grantmaking-process>

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## 2013 CALENDAR OF EVENTS...

### May

- 7 **Epidemiology of Religion, Spirituality and Health**  
Harvard School of Public Health, 12:30-1:30  
Boston, Massachusetts  
Presenter: Harold G. Koenig, M.D.  
Contact: Dr. Tyler J. VanderWeele  
([tvanderw@hsph.harvard.edu](mailto:tvanderw@hsph.harvard.edu))
- 29 **Shamans, Drums and the Bio-Cultural Origins of Spirituality and Healing**  
Presenter: Ken Wilson, M.D.  
Professor, Microbiology; Associate Professor, Medicine-Infectious Disease, Duke University Medical Center  
Center for Aging, 3rd floor, Duke South, 3:30-4:30  
Contact: Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))

### June

- 20 **Spirituality and Aging**  
Therapeutic Yoga for Seniors Program, 2:00-3:30  
Durham, North Carolina  
Presenter: Harold G. Koenig, M.D.  
Contact: Carol Krucoff ([ckrucoff@gmail.com](mailto:ckrucoff@gmail.com))
- 26 **Religion, Spirituality & Health: The Sociological Perspective**  
Presenter: Linda K. George, Ph.D.  
Professor, Department of Sociology, Duke University  
Center for Aging, 3rd floor, Duke South, 3:30-4:30  
Contact: Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))
- 28 **Religion, Spirituality & Mental Health**  
Yale University Department of Psychiatry  
New Haven, CT  
Presenter: Harold G. Koenig, M.D.  
Contact: Dr. Farah Rahiem ([mailto:farah.rahiem@yale.edu](mailto:mailto:farah.rahiem@yale.edu))