

CROSSROADS...

Exploring research on religion, spirituality and 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 October 2013) go to: <http://www.spiritualityandhealth.duke.edu/publications/crossroads.html>

LATEST RESEARCH

Social Isolation and Mortality

Researchers at the University of California at Berkeley, University of California at San Francisco, and Stanford University analyzed 14-year follow-up data on 16,849 adults collected as part of the Third National Health and Nutrition Examination Survey (HANES-III). Average age of participants was 48 years. Predictors of mortality were examined using Cox Proportional Hazards models, which included traditional risk factors (smoking, obesity, elevated blood pressure, high cholesterol, etc.), demographic factors (age, race, education, income, self-rated health), and four indicators of social involvement. Indicators of high (vs. low) social involvement were: (1) married or living together with someone; (2) averaging 3 or more interactions per week with other people (telephone or in-person visits); (3) attending church or religious services at least 4 times per year; and (4) belonging to a club or other social organization such as a church group, union, fraternal or athletic group, or school group. **Results:** With all variables included in Cox models stratified by gender, analyses revealed the following. Among men, significant predictors of mortality were current smoking (HR=1.69, 95% CI 1.46-1.97), high blood pressure (HR=1.15, 95% CI 1.01-1.31), high cholesterol (HR=1.14, 95% CI 1.01-1.29, when examined without other risk factors in the model), being unmarried (HR=1.23, 95% CI 1.13-1.42), lacking club associations (HR=1.15, 95% CI 1.02-1.31), AND infrequent participation in religious activities (HR=1.27, 95% CI 1.13-1.42). Among women, significant predictors were current smoking (HR=1.85, 95% CI 1.63-2.11), high blood pressure (HR=1.32, 95% CI 1.17-1.49), being unmarried (HR=1.19, 95% CI 1.03-1.37), interacting infrequently with friends/family (HR=1.25, 95% CI 1.04-1.50), AND infrequent participation in religious activities (HR=1.35, 95% CI 1.17-1.56). Of all indicators of social isolation in both men and women, infrequent religious attendance was the strongest predictor of mortality.

Citation: Pantell M, Rehkopf D, Jutte D, Syme SL, Balmes J, Adler N (2013). Social isolation: A predictor of mortality comparable to traditional clinical risk factors. *American Journal of Public Health*, September 12 [e-pub ahead of print].

Comment: This is a very important study because it compares the effect of religious attendance on mortality with other traditional risk factors, and it does so in arguably the most well known longitudinal study of health in the U.S. (the HANES-III). Among men, religious attendance was a stronger predictor of mortality than race, education, obesity, high blood pressure, or high cholesterol. Among women, religious attendance had a similar effect as race and a stronger effect than education, income, obesity, high blood pressure, or high cholesterol. In both genders, no other social factor – including marital status – had as strong an effect as religious attendance on mortality.

Religion and Health Behaviors in Latino-Americans

Researchers analyzed data on a population-based sample of 1,504 community-dwelling adults living in Texas, examining relationships between religious involvement and specific health behaviors. The two health behaviors of interest were cigarette smoking and alcohol consumption. With regard to alcohol consumption, binge drinking and complete abstaining from alcohol were the two outcomes. With regard to smoking, current smoking and life-long history of abstinence from smoking were examined. Religious involvement was measured by denomination and frequency of religious attendance, creating five categories: (1) regular attending Catholic (i.e., weekly or more), (2) non-regular attending Catholic, (3) regular attending Protestant, non-regular attending Protestant, and (5) no religion. Uncontrolled analyses revealed that regular attending Protestant Latinos had the lowest binge drinking (6.8%), the highest abstaining from alcohol (79.6%), the lowest current smoking (6.8%), and the highest percentage that never smoked (75.0%). Latinos with no religion had the highest binge drinking (44.7%), the lowest abstaining from alcohol (29.0%), the highest current smoking (34.2%), and the lowest percentage of those who never smoked (47.4%). After controlling for gender, marital status, citizenship, education, income, and region in Texas where living, results indicated that Protestant frequent attendees were significantly less likely to binge drink ($p<0.01$), more likely to abstain from alcohol ($p<0.001$), less likely to currently smoke ($p<0.05$), and more likely to have never smoked. In contrast, Latinos with no religious affiliation were more likely to binge drink ($p<0.10$), less likely to abstain from alcohol ($p<0.05$), and were more likely to be currently smoking ($p<0.05$). *Citation:* Garcia G, Ellison CG, Sunil TS, Hill TD (2013). Religion and selected health behaviors among Latinos in Texas. *Journal of Religion and Health* 52:18-31

Comment: Here is one more study that finds better health behaviors (less harmful alcohol use and less cigarette smoking) in those who are more religious, independent of other factors likely to influence these behaviors. Admittedly, the regression analysis has several weaknesses, including a reduction of the sample size from 1,504 to 345 in the final model due to missing data and use of non-regular attending Catholics as the reference group (rather than "no religion").

Religion and Health Status Among American Youth

Researchers analyzed data on 2,604 children ages 6 to 19 who participated in the 2002 U.S. Child Development Supplement to the Panel Study of Income Dynamics to examine relationships

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between religious involvement and health. Religious characteristics assessed were religious affiliation (yes vs. no), religious denomination (five categories), frequency of religious attendance (three categories), and importance of religion (three categories). Information was acquired directly from the child if age 12 or older, or from the child's primary caregiver (PCG) or parent if child <12. Health outcomes were the PCG's overall assessment of the child's physical health, ranging from poor health to excellent (categories of response were dichotomized into "excellent, very good or good" vs. "poor or fair" for analysis). Child's mental health was assessed as either healthy or not healthy. "Not healthy" was indicated by hospitalization for mental health reasons or suicide attempt, doctor visit for mental health reasons, diagnosis of serious emotional disturbance, or if PCG reported child was often unhappy, sad, or depressed). Controlled for in analyses were gender, race/ethnicity, age group, whether breast fed as baby, and child birth weight, marital status of household head, mother's education, family income, number of hours mother worked per week, and presence of health insurance. Results indicated that children with a religious affiliation had significantly better overall physical health than those without a religious affiliation ($B=+0.07$, $p<0.01$), although there was no relationship between affiliation and psychological health ($B=+0.01$, $p=ns$). Compared to children who were agnostic, atheist, or indicated none for religious affiliation, children who were Protestant (mainline and conservative Protestant) had significantly better overall physical health (this was also true for Catholics, although to a slightly lesser degree than for Protestants). No relationships were found with psychological health. Importance of religion was also related to significantly better physical health ($B=+0.06$, $p<0.01$), with a gradient of effect present, and to better psychological health ($B=+0.06$, $p<0.05$). Frequent religious attendance was unrelated to physical health, but was positively and significantly related to psychological health ($B=+0.04$, $p<0.05$). Researchers concluded the religious involvement was positively related to both physical and mental health, especially among youth during early adolescence.

Citation: Chiswick BR, Mirtcheva DM (2013). Religion and child health : religious affiliation, importance, and attendance and health status among American youth. Journal of Family Economic Issues 34:120-140

Comment: Further evidence that religious involvement during youth is related to better mental and physical health. This study adds strength to the evidence because of the many variables that were controlled for in the analysis.

Religiosity and Drug Use in Brazilian University Students

Researchers in the department of psychiatry at the University of Sao Paulo reported data from the first nationwide population-based survey of alcohol and drug use by college students in Brazil. Included were 12,595 university students from throughout the country (57% female, average age 26, 76% single). Religiosity was measured by frequency of religious attendance and divided into two categories: monthly or more (FR) vs. less than monthly or never (NFR). Alcohol and drug use were assessed for the past 30 days. Analyses were adjusted for gender, age, marital status, socioeconomic status, and region of country. Results indicated that infrequent attendees (NFR) were two and one-half times more likely to use alcohol (OR=2.52, 95% CI 2.08-3.06), nearly three times more likely to smoke (OR=2.83, 95% CI 2.09-3.83), twice as likely to use marijuana (OR=2.09, 95% CI 1.39-3.14), and 42% more likely to use other drugs (OR=1.42, 95% CI 1.12-1.79). Researchers concluded that, "Religiosity was found to be a strongly protective factor against drug use among Brazilian university students."

Citation: Gomes FC, de andrade AG, Izbicki R, Moreira-Almeida A, de Oliveira LG (2013). Religion as a protective factor against drug use among Brazilian university students: A national survey.

Revisa Brasileira de Psiquiatria (the official journal of the Brazilian Psychiatric Association) 35: 29-37

Comment: The odds ratios are pretty striking here and higher than found in the U.S. or other areas of the world. Interestingly, Brazilian students who attended religious services frequently were also more likely to spend time in the library studying, less likely to miss classes, less likely to spend time sleeping or resting, less likely to spend time on the Internet or Skype, and were more likely to be engaged in volunteer work.

Health Counseling in U.S. Religious Communities

Researchers at the University of Rhode Island and Pennsylvania State University conducted an Internet survey of 676 religious faith leaders asking whether their congregations included any health counseling. Nearly two-thirds (62.7%) responded that they had such a program in their congregation. Results of a multivariate regression model indicated that faith leaders at larger churches, those with greater support from their parent religious organization (denominational office), and those who felt more comfortable talking about health matters were more likely to have health counseling. Investigators concluded that the training of faith leaders in seminary (as well as over the Internet or through continuing educational programs) should emphasize education in health counseling to increase faith leaders' skills and confidence to this area.

Citation: Fallon EA, Bopp M, Webb B (2013). Factors associated with faith-based health counseling in the United States:

Implications for dissemination of evidence-based behavioural medicine. Health & Social Care in the Community 21(2):129-139

Comment: A lot of informal health counseling goes on in religious organizations, and helps to explain why people who are more actively involved in religious congregations have better health status. This study contributes to research aimed at identifying the mechanism by which religious attendance improves health (which probably includes the increased transmission of health information in congregation settings).

Why Secular Jews Consult Rabbi's When Sick or Stressed

Qualitative semi-structured open-ended interviews were conducted with 50 non-religious Jews living in northern Israel to determine why they consulted Orthodox rabbis on medical issues. According to the 2010 Central Bureau of Statistics, 43% of Israeli's population considers themselves secular, 38% traditional (i.e., do not necessarily view themselves as religious, but observe Jewish tradition and certain religious elements), and 18% religious or ultra-Orthodox. Research shows that religious Jews regularly seek guidance from rabbis on issues related to health matters, treating sick children, breast cancer, treatments for infertility, pre-natal testing, pregnancy, spiritual healing, genetic counseling, and mental health care. Why non-religious Jews also do so, however, remains a mystery. There is some research suggesting that those who are poorer, with less education, and younger -- even if not religious -- are more likely to seek counsel from rabbis, although little else is known. The present study involved secular or traditional non-religious Jews who were ages 20 or older (68% ages 20-40, 70% women) from the Western Galilee region. Participants were asked why they sought counsel from a rabbi and other information related to rabbinic healing. The most common reason for seeking counsel was over serious health conditions, hesitations on whether to undergo life-threatening medical procedures, feeling unhappy with their physician over failed medical treatment, or medical situations that evoked despair. Interviewees said they expected the rabbi to tell them whether the procedure would succeed, provide emotional support, help make difficult decisions, give blessings for success, cure or health, and even help with practical needs. The rabbi was chosen based on his reputation for performing miracles, or expertise in a particular

areas such as in interpersonal relations, romantic attachments, fertility problems, or other health-related problems. Most of rabbis were from North Africa and were masters in Jewish mysticism, i.e., Kabbalah. Many were believed to possess sanctity and divine grace that they inherited from ancestors. Some rabbis were believed to possess extraordinary powers, and had nicknames such as "The X-ray Rabbi" or "The Ultrasound" based on their ability to diagnose problems. Treatments that were prescribed often came from mystical Kabbalah practices. These consisted of the rabbi praying for and blessing them, suggesting they change the name of a sick child, use of amulets for healing, and telling them to read sections of the Psalms, the Kabbalistic Zohar, or visit the graves of holy persons. Men might be told to pray and use phylacteries, whereas women would be told to light Sabbath candles. Holy water, oils or plant extracts might be recommended. Most interviewees said they were not required to pay for treatment, but were encouraged to provide a donation, which ranged in most cases from 50 NIS (New Israeli Shekel) to 180 NIS (\$14 to \$50). However, some reported they were required to pay up to 380 NIS (\$106), and one female interviewee suffering with infertility problems reported she was asked to sign a contract requiring 500 INS (\$140) if she got pregnant and 1000 INS (\$280) on birth of the child. Typically, both physician and rabbi were consulted for medical problems, believing that each had a role to play in healing. Researchers concluded that non-religious Jews consulted rabbis because this was a source of culture-based empowerment. *Citation:* Keshet Y, Liberman I (2013). Coping with illness and threat. Why non-religious Jews choose to consult rabbis on healthcare issues. *Journal of Religion and Health*, April 10 [E-pub ahead of print]

Comment: A fascinating study that explores religious healing practices in Israel, finding that even non-religious Jews seek religious (or at least culture-based) solutions when serious illness or unmet medical needs are present.

Effect of Government Restrictions on Religion-Health Relationship

Researchers at the University of Michigan and University of Nevada analyzed data from 5 waves of the World Values Survey (1981-2008) that included surveys in 88 countries on 317,109 individuals. Happiness was assessed with a single question: "Taking all things together, would you say you are: not at all happy, not very happy, quite happy, or very happy?" Self-rated physical health was also measured with the question: "All in all, how would you describe your state of health these days? Would you say it is very poor, poor, fair, good or very good?" Three indicators of religiosity were assessed: frequency of religious attendance (6-point scale from never to more than weekly), importance of God (10-point scale from not at all important to very important), and private religious identity (religious, not religious, or convinced atheist). Also analyzed were country-level norms for each of the religious variables above. Government restrictiveness was assessed using measures of freedom or restriction by the government (including freedom of religious expression and belief). Control variables were age, gender, income, and country-level gross domestic product (GDP). Linear mixed modeling was used to analyze the data. After adjusting analyses for control variables, government restrictions, and country-level religious norms, results indicated that all three religious measures were positively related to greater happiness (all $p < 0.001$). Interactions between religious variables and government restriction, however, were also significant (all $p \leq 0.001$). Countries with strong government restrictions on freedom of religious expression and overall low religiosity (mostly countries that were currently or formerly communist), greater religiosity was associated with lower happiness. This was not true, however, in countries with heavy government restrictions on religious freedom if the country had high religious norms (such as Iran, Pakistan, and Ethiopia).

Interestingly, the strongest relationship between identity as a religious person and greater happiness was found in such countries (i.e., strong restrictions on religious freedom and high average religiosity). With regard to self-rated health, religious attendance in general was related to better self-rated health (after taking into account the control characteristics above). As with happiness, however, frequent attendance was associated with worse self-rated health in countries with high government restrictions and overall low religious attendance. Similar findings were reported for importance of God in life and religious identity. In countries where overall religiousness was low, importance of God in life or high religious identity was associated with worse health, especially in countries with strong government restrictions on religious freedom. However, in countries where overall religiosity was high, importance of God or high religious identity was related to better self-rated health, especially in countries with strong restrictions on religious freedom. Researchers concluded that "the positive association between religion and well-being is not universal, but depends upon the right to express religion freely and the opportunity to practice with like-minded others."

Citation: Hayward RD, Elliott M (2013). Cross-national analysis of the influence of cultural norms and government restrictions on the relationship between religion and well-being. *Review of Religious Research*, September 21 [e-pub ahead of print]

Comment: Although greater religiosity could lead to lower happiness and worse perceptions of health in regions of the world where there is little support for religion (or antagonistic to it), there is another possibility. In countries where religious involvement is less common, especially in areas where governments restrict religious freedom, only those who are emotionally or physically distressed may be desperate enough to turn to religion for comfort and strength as they seek to cope with their circumstances. Thus, greater religiosity acts a marker for distress, not the cause of it.

Brain Function and Sounds at Sacred Places

Reese researchers at the University of Alberta recorded the natural background sounds that were present on a mountain considered to be a sacred place. This place in Canada contained "rock art" in the forms of pictographs, petroglyphs, and petroforms (rock engravings) made by Aboriginals. Binaural recordings (to imitate natural human hearing) of these natural sounds were made here during a thunderstorm and then played to participants, while conducting quantitative EEG readings. Seven students were recruited into the study. Results showed that listening to these natural sounds at this sacred place induced altered states of consciousness (mystical experiences) in participants, which were documented by the EEG readings. There was an increase in coherence between left temporal and right frontal regions of the brain while listening to these natural sounds, and an increase in frontal gamma activity, similar to what happens during deep meditative states. The researchers concluded that the natural sounds at sacred places may induce neurobiological effects that result in changes in consciousness associated with altered or mystical states.

Citation: Hill DR, Saroka KS (2013). Sonic patterns, spirituality and brain function: The sound component of neurotheology. *NeuroQuantology* 8(4):509-516

Comment: While this research is very preliminary, it suggests that places considered "sacred" may have natural sounds that induce mystical states. This applies not only to natural environments, but also to religious settings such as churches, temples, and mosques, whose design (and music) may help to induce mystical states that lead to religious experiences. The literature review and discussion provided in this article may be particularly useful to those interested in the neurobiological processes involved in spiritual experiences.

Important Information About Publication in Open-Access Journals

An article published in the October 2013 issue of *Science* reports on the recent explosion of Open-Access Journals and the quality of peer-review in many of these journals. Medical writer John Bohannon submitted a "spoof" paper that he concocted to 304 open access journals about a wonder drug for cancer (slightly different versions of the paper were submitted to each journal). The paper was written in such a way that the paper's shortcomings should be immediately relevant to anyone who carefully reviewed the paper. It contained experiments that were so flawed that the results were basically meaningless. The papers were submitted at a rate of 10 per week between January and August 2013. By October 4th (when this article was written), 157 of 304 journals had already accepted the paper for publication, 98 had rejected it, 29 were later found to have abandoned their websites, and 20 journals still had the paper under review. Among papers accepted, acceptance occurred on average 40 days after submission, whereas rejections on average occurred 24 days after submission. Of the 255 papers that went through the entire editorial process to acceptance or rejection, 60% occurred with no sign whatsoever of having been peer-reviewed. Of those papers that appeared to undergo peer-review, 70% were ultimately accepted. Of the 304 journals, only 36 gave reviewer comments that identified any of the obvious scientific problems with the paper. In fact, 16 of those 36 journals accepted the paper despite damning reviews. The author notes that the most credible open-access journals are listed in the Directory of Open-Access Journals (DOAJ), which includes 8,250 such journals, and has added 1,000 new journals in the past 12 months. Publication fees for publishing in these journals range from \$150 to more than \$3,100, and most such journals are located in India or other developing countries.

Citation: Bohannon J (2013). Who's afraid of peer review? A spoof paper concocted by Science reveals little or no scrutiny at many open-access journals. *Science* 342:60-65

Comment: A paper well-worth reading to get the real story behind open-access journals. The author notes, however, that open-access journals are an important addition to the the scientific field and there are many good ones, but many are not regulated very well.

NEWS

New Study of Jewish Adults

McLean Hospital at Harvard is conducting a research study on American and Canadian Jewish adults (led by Drs. David Rosmarin and Ken Pargament). They are seeking to recruit 500 Jewish individuals of any (or no) affiliation and follow them over a 3-year period. Participation involves completion of a series of web-based questionnaires and experimental tasks during this period, as well as a phone-based interview. Compensation is up to \$45 for participating. For more information, go to <http://www.jpsych.com/longstudy/screen/consent.php>.

Compassion in Medicine

The Greenville (South Carolina) Health System has initiated an effort to increase compassion among physicians and staff throughout the healthcare system (including acknowledging and addressing the spiritual needs of both staff and patients). This effort was launched by the first of three annual conferences on October 25, 2013, and has received strong support from Mike Riordan, president of the health system. Speakers at this first conference included Hiep Pham (geriatric medicine specialist), John McBurney (neurologist), Spence Taylor (vascular surgeon), Bruce Robinson (geriatric medicine), James Davis (geriatric

medicine), and the mayor of Greenville (Knox White). In fact, this is a population-wide effort to make the entire city a more compassionate community. Sponsors of the conference included Furman University and Clemson University. To learn more about this effort, go to: <http://blog.ghs.org/2013/10/transforming-healthcare-compassionate-care/>.

SPECIAL EVENTS

Annual Conference on Health, Religion & Spirituality

(November 7-9, 2013)

Indiana State University's Center for the Study of Health, Religion and Spirituality is holding its annual interdisciplinary conference in Terre Haute, Indiana, on November 7-9, 2013. The focus of the conference is examining the effects of religious and spiritual beliefs and practices on individual and collective well-being. The conference theme is "Why Study Spirituality?" Robert Emmons, professor of psychology at the University of California, Davis, will be a keynote speaker. Dr. Emmons is an excellent speaker who has almost single-handedly developed the field of "gratitude research." Dr. Ralph Piedmont, professor of pastoral counseling and spiritual care at Loyola University, an expert in the field of Spiritual Transcendence, will also give a keynote lecture. For more information, go to conference tab at website:

<http://www.unboundedpossibilities.org/cshrs> or e-mail Christine Kennedy at christine.kennedy@indstate.com.

30th Annual Society for the Exploration of Psychotherapy Integration (SEPI)

(Montreal, Canada, April 11-13, 2014)
SEPI is an international organization of clinicians and scholars who wish to explore the limitations of a single-school perspective on psychotherapy. It represents a forum for those interested in learning alternative ways of meeting the emerging needs of clients. It also fosters exploration of the contributions of research to practice, and practice to research. The conference's theme is "Psychotherapy Integration in the Trenches: How Psychotherapy Integration is put into Practice." SEPI has played a role in promoting theoretical diversity by encouraging critical engagement among researchers and practitioners from different psychotherapeutic orientations. For the first time, they have specifically asked for presentations that address questions related to spirituality, such as "Is there a role for spirituality and religion in integrative therapy?" and "How do we address our patients' spiritual yearnings and beliefs?" The submission deadline is **November 27, 2013**. To submit an abstract go to website: <http://www.mymeetingsavvy.com/sepi14>

6th Annual Muslim Mental Health Conference

(East Lansing, Michigan, April 24-26, 2014)
The Muslims Mental Health Association has issued a call for abstracts that involve original articles, research, and book reviews on the following subjects: epidemiological studies of mental illnesses in Muslim communities, role of spirituality in patient-therapist relationship, Islamic law and forensic psychiatry, models of psychotherapy and appropriateness for Muslim patients, disaster psychiatry/psychology, refugee medicine, and experience of mental health professionals in traumatized Muslim communities, stigma of mental illness in Muslim culture, domestic violence, and role of imam/Islamic center in mental health services. Abstracts must be submitted by November 30, 2013, to Farha.abbasi@hc.msu.edu. Selected abstracts will be for poster sessions or oral presentations. Authors will be notified by January 15, 2014. Registration for the conference will open February 1, 2014.

4th European Conference on Religion, Spirituality and Health (ECRSH14)

(Malta, May 22-24, 2014)

The 4th European Conference on Religion, Spirituality and Health will focus on the integration of religion and spirituality into clinical practice. The keynote speakers approach the topic from their specific professional background. Speakers include Professor Dr. Donia Baldacchino (University of Malta, Department of Nursing), Professor Dr. med. Arndt Buessing (University of Witten, Germany), Professor Rev. Christopher Cook (Durham University, England), Professor Dr. Farr Curlin (University of Chicago), Professor George Fitchett (Rush University), Professor Dr. Christina Puchalski (George Washington University), Professor Rev. John Swinton (King's College University, Aberdeen), and numerous others. Researchers are invited to get together and submit a symposium for presentation of research topics and discussions in spirituality and health. Abstracts for symposia, oral presentations, and poster presentations are due December 15, 2013 (submit to: <http://ecrsh.eu/abstract>). For more information about the conference -- to be held on this beautiful historic island off the coast of Italy -- go to: <http://ecrsh.eu/>.

Spirituality and Health Research Workshop (Malta, May 18-21, 2014)

Preceding the ECRSH14 above, come to beautiful Malta to participate in a 4-day Pre-Conference Research Workshop. This workshop covers about 75% of the material presented during the Duke Summer Research Workshop below. The workshop is open to all those interested in doing research on religion, spirituality and health (including those of any educational level or degree, including theologians, chaplains, physicians, nurses, psychologists, pastoral counselors, public health specialists, epidemiologists, or others). For more information go to: <http://www.ecrsh.eu/dynasite.cfm?dsmid=92326>

Duke Summer Spirituality & Health Research Workshops (Durham, NC) (August 11-15, 2014)

Register early for a spot in our 2014 research workshop on spirituality & health. The workshop is designed for those interested in conducting research in this area or learning more about the research that has already been done. Those with any level of training or exposure to the topic will benefit from this workshop, from laypersons to graduate students to full-time professors at leading academic institutions. Over 650 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

The Essential Guide to Religious Traditions and Spirituality for Health Care Providers (Radcliffe Publishing, 2013)

Provides information on the religious practices related to health care from a wide range of religious traditions. Available (\$189.05) at: <http://www.radcliffehealth.com/shop/essential-guide-religious-traditions-and-spirituality-health-care-providers>

Contemplative Practices in Action: Spirituality, Meditation, and Health (Praeger, 2010)

[From the publisher on Amazon.com] "Contemplative practices, from meditation to Zen, are growing in popularity as methods to inspire physical and mental health. *Contemplative Practices in*

Action: Spirituality, Meditation, and Health offers readers an introduction to these practices and the ways they can be used in the service of well being, wisdom, healing, and stress reduction. Bringing together various traditions from the East and West, this thought-provoking work summarizes the history of each practice, highlights classic and emerging research proving its power, and details how each practice is performed. Expert authors offer step-by-step approaches to practice methods including the 8-Point Program of Passage Meditation, Centering Prayer, mindful stress management, mantram meditation, energizing meditation, yoga, and Zen. Beneficial practices from Christian, Buddhist, Jewish, Hindu, and Islamic religions are also featured. Vignettes illustrate each of the practices, while the contributors explain how and why they are effective in facing challenges as varied as the loss of a partner or child, job loss, chronic pain or disease, or psychological disorders." Available (\$39.95) at:

<http://www.amazon.com/Contemplative-Practices-Action-Spirituality-Meditation/dp/0313382565>

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, this is *the* authoritative introduction to the subject for health professionals interested in identifying and addressing the spiritual needs of patients. Chapters are targeted to the needs of physicians, nurses, chaplains, mental health professionals, social workers, and occupational and physical therapists. Available (\$22.36) at:

<http://templetonpress.org/book/spirituality-patient-care>.

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 resource invaluable. Available (\$105.94) at: <http://www.amazon.com/Handbook-Religion-Health-Harold-Koenig/dp/0195335953>

Spirituality & Health Research: Methods, Measurement, Statistics, & Resources (Templeton Press, 2011)

This book summarizes and expands the content presented in the *Duke Research Workshop on Spirituality and Health*, and is packed full of information necessary to conduct research on this topic. Available (\$39.96) at:

<http://templetonpress.org/book/spirituality-and-health-research>.

FUNDING OPPORTUNITIES

George Family Foundation Grants

This foundation gives out small grants (\$2,500 to \$55,000) for projects that promote integrated approaches to health and healing. They seek to fund programs and initiatives that advance an integrated, patient-centered approach to healing, encouraging people to take responsibility for their health supported by a diverse team of healthcare providers. They are also interested in enhancing the positive impact of religious faith and spiritual connection. They fund programs that contribute to interfaith harmony and that enrich the inner lives of individuals, families and communities. Grants awarded in 2011 totalled \$200,000. For more information, go 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 **February 2 and April 1, 2014**. If the funding inquiry is approved

(applicant notified by May 2, 2014), the Foundation will ask for a full proposal that will be due September 2, 2014, with a decision on the proposal reached by December 20, 2014. The three main areas in religion, spirituality and health that the Foundation funds are: (1) research on causal mechanisms (basic psychosocial, behavioral, and physiological pathways), (2) increasing competencies of health care professionals in working with religious patients (physicians, but also psychologists and experts in public health), and (3) research involving the development of religious-integrated interventions that lead to improved health. More information: <http://www.templeton.org/what-we-fund/our-grantmaking-process>.

Varieties of Understanding Research Grants

This is a three-year initiative based at Fordham University in New York. It will examine the various ways in which human beings understand the world, how these types of understanding might be improved, and how they might be combined to produce an integrated understanding of the world. As part of the 3.85 million dollar project, approximately 2 million dollars will be distributed to scholars, including: \$1.2 million for work in **psychology**, \$500,000 for work in **philosophy**, \$250,000 for work in **theology** and **religious studies**. **Proposals are due November 1, 2013**. For more information see: <http://www.varietiesofunderstanding.com/index.html>

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2013 CSTH CALENDAR OF EVENTS...

November

- 20 **How feeling good is not only a consequence but also a predictor of religious/spiritual beliefs**
Patty Van Cappellen, Ph.D.
Postdoctoral fellow, UNC Chapel Hill, Department of Psychology
Durham, North Carolina
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

December

- 11 **Religion, spirituality and health**
Torch Club
Chapel Hill, North Carolina
Presenter: Koenig
Contact: Rod Gerwe, Ph.D. (r.gerwe2@frontier.com)
- 18 **Important considerations when planning Religion and Health research using Jewish subjects**
Susan Cowchock, M.D., B.C.C.
Durham, North Carolina
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)