

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, so to view previous editions (July 2007 through August 2012) go to: <http://www.spiritualityandhealth.duke.edu/publications/crossroads.html>

LATEST RESEARCH OUTSIDE DUKE

Religion, Spirituality and Well-Being

Although much research indicates a positive relationship between religious involvement and psychological well-being, most of these data comes from research involving the single administration of a cross-sectional questionnaire, which may be administered one or two times if the study is prospective. Researchers from the department of psychology at George Mason University and College of William and Mary (Virginia) conducted a study that examined such questions using a daily diary in 87 participants conducted over 1,239 days. Daily spirituality was measured with two questions: "Today, the spiritual part of my life was very important to me" and "Today, my personal relationship with a power greater than myself was important to me." Responses were measured on a 7-point scale from "not at all characteristic of me" to "very characteristic of me." Daily measures of self esteem utilized 4 items from the Rosenberg Self-Esteem Scale: "Today, I felt like a failure"; "Today, I felt like I had many good qualities"; "Today, I thought I was no good at all"; and "Today, on the whole, I was satisfied with myself." Meaning in life was measured with two questions: "How meaningful did you feel your life was today?" and "How much did you feel your life had purpose today?" In addition, as a measure of trait spirituality, investigators had participants complete a 22-item spiritual involvement and beliefs scale. The data were analyzed using a series of multilevel models, and used lagged analyses to determine whether spirituality could actually predict future well-being (helping to establish direction of causality). Results indicated a significant positive relationship between daily spirituality, meaning in life, self-esteem, and positive affect (i.e., well-being). A positive relationship was also found between present-day spirituality and next day's meaning in life, while there was no evidence that meaning in life predicted next day's spirituality. Finally, for those with higher trait spirituality, greater negative affect and lower positive affect on one day predicted greater spirituality on the next day.

Citation: Kashdan TB, Nezlek JB (2012). Whether, when, and how is spirituality related to well-being? Moving beyond single occasion questionnaires to understanding daily process. *Personality and Social Psychology Bulletin*, Aug 1 [Epub ahead of print]

Comment: This study represents a significant advance in research methodology that examines relationship between religion, spirituality and mental health outcomes. Also, the statistical methods used to analyze the data (lagged analyses) allow something to be said about whether religion/spirituality is causing greater well-being or vice versa. Furthermore, this study shows that negative emotions experienced on one day predicts increases in spirituality the next day, suggesting that religion/spirituality is being used as a coping behavior to deal with the negative emotions.

Psychological Problems after Abortion

Researchers in the Department of Psychiatry at the University Clinical Center in Tuzla, Bosnia, surveyed 120 female adolescents ages 14-19 years, 60 of whom had intentional artificial abortion and 60 who had sexual intercourse without a pregnancy. Participation was anonymous, and adolescents were recruited from patients attending a university-based women's health clinic. Inclusion criteria were having an abortion between the ages of 14 and 19, pregnant up to the 12th week, no history of somatic or psychiatric disease. Participants were assessed 1 month after completed abortion, and compared to a control group of 60 adolescents who had sex but did not get pregnant, matched by age and health condition. Measures used were the 17-item PTSD Checklist-Civilian Version, the 20-item Spielberger State Trait Anxiety Inventory, and the 21-item Beck Depression Inventory (BDI). Results indicated that adolescents who had an abortion rated 6 of the 17 items on the PTSD scale significantly higher than control adolescents. Both state-anxiety and trait-anxiety were also significantly higher in those having an abortion (both $p < 0.001$). Depressive symptoms were also significantly higher in the adolescents having an abortion vs. controls; only 15% of the former group scored in the normal range of the BDI compared to 68% of controls, whereas 25% of the former group scored in the serious or extremely serious BDI range compared to 7% of controls. The difference in depressive symptoms remained at $p < 0.001$ after using logistic regression to control for refugee status, loss of close person/s, early psychological trauma, any traumatic experiences, bodily injury-self, bodily injury-others, life threatening experiences-self, life threatening experiences-other, experiences of helplessness, and experiences of fear/horror (related to war-time experiences). The researchers concluded that adolescents who intentionally abort their pregnancies experience significantly greater PTSD, anxiety, and depressive symptoms compared to age-matched controls having sex but not getting pregnant.

Citation: Zulcic-Nakic V, Pajevic I, Hasanovic M, Pavlovic S, Ljuca D (2012). Psychological problems sequelae in adolescents after artificial abortion. *Journal of Pediatric and Adolescent Gynecology* 25(4):241-247

Comment: Although this study is not specifically about religion and health, it does address the controversial subject of abortion. Most prior research suggests that abortion has few adverse effects on mental health. This study, however, finds otherwise in Bosnia. The primary weakness is that the control group was not adolescents who decided to remain pregnant and carry the pregnancy to term, but rather adolescents who had sex and did not get pregnant.

EXPLORE...in this issue

1-4 LATEST RESEARCH

4 NEWS

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5 FUNDING Opportunities & CALENDAR

Religious Attendance and Loneliness in Older Adults

Leading religion-health researchers in the department of sociology at Florida State University and University of Texas analyzed cross-sectional data from the national Social Life Health and Aging Project to determine whether religious attendance is related to degree of loneliness among older adults. The population studied was a random U.S. national probability sample of 2,165 persons ages 57 to 85 years. Religious attendance was measured using the following question: "Thinking about the past 12 months, about how often have you attended religious services?" Response options were never (0), attend once or twice a year or less (1), attend several times/year or once/month (2), and attend every week or several times/week (3). Loneliness was assessed using the 4-item Revised/Abbreviated UCLA Loneliness Scale. Also assessed were social integration (two items) and social support (two items), as well as the control variables depression, chronic conditions, disability, visual impairment, hearing impairment, physical attractiveness, attendance at group meetings (non-religious), and eight demographic characteristics. Regression analyses revealed that greater religious attendance was associated with significantly greater social integration and greater social support, even after controlling for the above variables. Although religious attendance was inversely related to loneliness in the bivariate analysis and after controlling for demographics, the relationship lessened to non-significance when depressive symptoms, social integration, and social support (explanatory variables) were controlled. Researchers concluded that religious attendance protects against loneliness in later life by increasing social integration and support.

Citation: Rote S, Hill TD, Ellison CG (2012). Religious attendance and loneliness in later life. The Gerontologist May 2. [Epub ahead of print]

Comment: Although researchers attributed the relationship between religious attendance and loneliness to greater social integration and social support (which makes sense), regression models suggest that depression was also a key variable helping to explain how attending religious services reduces loneliness. I suspect that by increasing social integration and social support, religious attendance reduces depressive symptoms, which in turn affects perceptions of loneliness. Of course, longitudinal studies are needed to test this hypothesis.

Prayer and Outcome in Patients with Severe Head Injury

Investigators in the Department of Neurosurgery at the LSU Health Sciences Center (Shreveport, Louisiana) conducted a retrospective chart review of 26 unconscious or delirious patients following traumatic brain injury. Hospital records were reviewed for "prayer history" and for "administration of prayers" during the hospital stay (average 26 days). Mean age of patients was 33 years (range 10 to 75), with the majority male (88%). In 13 patients there was evidence in their medical records that they received prayer, whereas no such evidence was found in 13 patients. Outcomes were average number of days in the hospital, average ICU days, and mortality (using the Glasgow Outcome Scale [GOS]). There was no difference between the two groups on age or Glasgow Coma Scale (GCS) score on admission. Uncontrolled analyses revealed that the prayed for patients had an average hospital stay of 37.7 days, whereas patients not prayed for spent an average of 14.4 days in the hospital ($p=0.03$); likewise, there was a trend for prayed for patients to spend more time in the ICU than those not prayed for (28.9 vs. 11.6 days, $p=0.08$). However, mortality among prayed for patients was only 8%, compared to 46% among patients not prayed for ($p<0.01$). Logistic regression was used to examine independent predictors of Glasgow Outcome Scale scores. The only variables that predicted GOS were age, admission GCS score, and whether patients received prayer or not. In fact, receiving prayer was the most powerful predictor of outcome, stronger than any other variable in

the model ($p=0.009$).

Citation: Vannemreddy P, Bryan K, Nanda A (2009). Influence of prayer and prayer habits on outcome in patients with severe head injury. American Journal of Hospice & Palliative Medicine 26 (4): 264-269

Comment: Although this is an "older" study published in 2009, it only recently came to my attention. The results are remarkable, with large differences between groups. However, there are many questions that this study raises, especially with regard to methodology. Were these consecutively admitted patients, or selectively chosen? Why would there be anything in the medical record about whether or not patients were prayed for? Usually, only chaplain visits -- at most -- are recorded in the medical record. The study was conducted in the Deep South, however, and perhaps health professionals in this region of the U.S. record such information. The "coincidence" that exactly 13 patients were prayed for and 13 were not is also a bit suspicious. Finally, how do we know that the 13 patients with no evidence in their charts that they received prayer actually received no prayer? It seems inconceivable that no-one would be praying for someone following an accident that resulted in unconsciousness and traumatic brain injury.

Religion, Spirituality and Borderline Personality Disorder

Researchers surveyed consecutively seen internal medicine outpatients in order to determine the cross-sectional relationship between religion/spirituality (R/S) and symptoms of borderline personality disorder (BPD). R/S was measured using the 12-item FACIT-Sp, and BPD symptoms were assessed with the Personality Diagnostic Questionnaire-4 and the Self-Harm Inventory. Results indicated that the overall FACIT-Sp scale score and the majority of FACIT-Sp subscale scores were inversely related to BPD symptoms. They concluded that individuals with BPD symptoms are less likely to be R/S.

Citation: Sansone RA, Kelley AR, Forbis JS (2012).

Religion/spirituality status and borderline personality symptomatology among outpatients in an internal medicine clinic. International Journal of Psychiatry in Clinical Practice 16(1):48-52
Comment: Unfortunately, the abstract was all that was available for review, which contains limited information -- not even the sample size. However, this is one of the first studies looking at the relationship between R/S and borderline personality disorder, and so deserves mention. Nevertheless, the FACIT-Sp is a very poor measure of anything distinctively R/S and is heavily contaminated with items assessing mental health and wellness. This may be the reason for the inverse relationship between this measure and BPD symptoms. More research is needed using distinctively religious or spiritual measures to determine if people with BPD really score lower on these measures. Such research should be conducted in a sample of psychiatric patients, since the prevalence of BPD in general medical patients is very low. Therefore, symptoms of BPD in a medically ill population mean something very different from BPD symptoms in a psychiatric population.

Receptivity to Spiritual Care by Psychiatric Inpatients

Investigators examined the receptivity to religious assistance among psychiatric inpatients evaluated by the religious assistance services (or chaplains) at Joao Evangelista Hospital in Sao Paulo, Brazil. This is a 100-bed psychiatric hospital that is 60% subsidized by the government and is therefore part of Brazil's public health system. The hospital is not formally linked to a religious institution, although it was founded by Spiritists. On admission to the hospital all patients are routinely asked by a mental health professional whether they would like religious assistance, in addition to what their religious affiliation is and whether they attend religious services. Religious assistance is provided by Catholic priests or deacons, Evangelical Protestant pastors, or Spiritist members, depending on the patient's religious

affiliation. A total of 259 patients were admitted during the study period, of which 213 (82.2%) were evaluated by the religious assistance service. Patients were primarily Evangelicals (33%), Catholics (30%), or Spiritists (13%), and 20% had no religious affiliation. Results indicated that the vast majority of psychiatric patients requested religious assistance (85%), even those with no religious affiliation (79%). Patients with schizophrenia were less likely to request religious assistance compared to those with other diagnoses (28.3% vs. 11.4%, $p < 0.01$). Logistic regression was used to examine independent predictors of request for religious assistance. Only two factors were independently and inversely related to this outcome: a diagnosis of schizophrenia and lower intrinsic religiosity. Researchers concluded that most psychiatric patients in this hospital wanted religious assistance, whether or not they had a formal religious affiliation.

Citation: Lucchetti G, Braguetta CC, Vallada C, Vallada H (2012). Exploring the acceptance of religious assistance among patients of a psychiatric hospital. *International Journal of Social Psychiatry*, January, E-pub ahead of print (DOI: 10.1177/0020764011433628)
Comment: There is a long history of conflict between religion and mental health care, especially in the United States and Europe. There has been concern that exposing psychiatric patients to religion may have negative effects, such as exacerbating their psychoses or worsening their depression or anxiety. However, this study suggests that such conflict may be less prevalent in psychiatric hospitals in Brazil, at least in this particular psychiatric hospital. More research is needed to confirm the openness of psychiatric patients in South America to receiving religious assistance (and the effects of that religious assistance has on their psychiatric illnesses).

Muslim Prayer Scale in Patients with Low Back Pain

Researchers in the department of physical therapy at Kuwait University devised an 28-item Islamic Prayer-based Self-Efficacy Scale that can be used in Muslims with low back pain. The scale consists of three parts, including pre-prayer preparation, getting to and from the mosque, and assuming positions and movements necessary during prayer. Each item is rated from 0 to 6 where 0 indicates not at all confident and 6 indicates fully confident. In this study, 60 persons with low back pain were administered the prayer scale on two different occasions, along with a visual analog pain rating scale. Results indicated strong test-retest reliability for all items on the prayer scale (with Pearson r 's between occasions ranging for the 28 items from 0.75 to 0.99 ($p < 0.001$ for all). Investigators concluded that the prayer scale appears to be reliable in assessing self-confidence in ability to pray in Muslims with low back pain.

Citation: Al-Obaidi S, Wall Jc, Mlekar MS, Al-Mutairie R (2012). The reliability of prayer-based self-efficacy scale to assess self-confidence of Muslims with low back pain. *Physiotherapy Research International* 17(2):110-120.

Comment: Low back pain not only causes a great deal of suffering, but may also interfere with a person's ability to pray, particularly in those who must assume a prayer position that could place strain on the lower back. This new scale will be useful in assessing the degree to which low back pain in Muslim patients interferes with self-confidence in their ability to carry out all of the steps necessary to perform Muslim prayer (getting dressed and ready for travel, traveling to mosque, bending down on knees and touching forehead to floor during prayer, and returning home).

Religious Affiliation and Child Mortality in Mozambique

Researchers from the department of geography at Eduardo Mondlane University (Mozambique), Australian Population and Migration Research Center, and Center for Population Dynamics at Arizona State University examined the relationship between religious affiliation (mother) and mortality rates of children under age five in Mozambique. Data for analysis were available from a

survey conducted in 2008 in the Chibuto District of Mozambique. Participants were a random sample of 2,019 women ages 18-50 years from this region. A complete reproductive history including births and deaths of all children was recorded for each participant. Religious affiliation was measured as affiliated or not affiliated, along with the specific religious affiliation (Catholic or mainstream Protestant, Apostolic, Zionist, other Pentecostal [Assembly of God included]). The outcome was hazard of death for a child prior to age 5. There were 12 Muslim women, and these were excluded from the analysis because of small numbers; all the rest were Christian. Both descriptive statistics and survival analyses were conducted. There was no difference in maternal age or number of children previously born across these religious groups or those who were not affiliated. Results indicated that children born to mothers affiliated with any religious denomination had higher survival probabilities compared to children born to nonaffiliated mothers. However only children born to mainstream Protestant or Catholic mothers had significantly higher survival compared to children born to nonaffiliated mothers ($p < 0.01$, Log-rank test). Odds ratios from random-effects discrete-time hazard regression models demonstrated a significantly lower likelihood of dying if the mother was affiliated to an organized religion after controlling for child's age (20% lower risk, $OR = 0.80$, $p \leq 0.01$), a finding that persisted after further controlling for maternal age, marital status, number of previously born children, birth interval, mother's education, mother's place of residence, childbirth cohort, and other predictors (15% lower risk, $OR = 0.85$, $p \leq 0.05$). With regard to specific religious affiliation, compared to those without affiliation, children born to mothers affiliated with Catholic or mainstream Protestant groups had a lower risk of mortality after controlling for child's age (29% lower risk, $OR = 0.71$, $p \leq 0.01$), as did children born to mother's affiliated with Apostolic groups (25% lower risk, $OR = 0.75$, $p \leq 0.05$). After controlling for other predictors, these findings persisted in Catholics and mainstream Protestants ($OR = 0.76$, $p \leq 0.05$) and in Apostolics at a trend level ($OR = 0.78$, $0.05 \leq p < 0.10$). Researchers explained that women affiliated with religious groups probably have stronger connections to the health sector and/or stronger social ties and mutual support.

Citation: Cau BM, Sevoyan A, Agadjanian V (2012). Religious affiliation and under-five mortality in Mozambique. *Journal of Biosocial Science*, Aug 3 [Epub ahead of print]

Comment: The under-five mortality rate in Mozambique, an African country of 23 million people, is 142 children out of 1000 newborns (14%). Compare this figure to 8 per 1000 newborns (0.8%) in the United States. Also note that in Mozambique, about 90% of the population says that religion is very important in their lives.

Can Prayer Heal Impaired Hearing and Vision in Mozambique?

Investigators from the departments of religious studies at Indiana University (Bloomington) and theological studies at St. Louis University (St. Louis) examined the effects of proximal in-person intercessory prayer on 24 consecutive Mozambican subjects with impaired hearing and/or vision. The study was conducted in rural Mozambique (Africa). Participants' hearing ($n = 11$) and/or vision ($n = 11$) were assessed both prior to a proximal in-person prayer (PIP) intervention and immediately following it; three subjects were excluded because of false positive responses during baseline audiometric testing. Standard audiometric testing was performed using a hand-held audiometer (Earscan ES3, Micro Audiometrics Corp, Murphy, NC, calibrated 3 months prior to study with calibration guaranteed for 12 months). Standard visual assessments were made using visual acuity charts (Precision Vision, La Salle, Illinois). PIP was performed by placing hands on the person's head (and sometimes embracing the person in a hug), while keeping eyes open. Prayer content involved petitioning God to heal, inviting the Holy Spirit's anointing, and commanding that any evil spirits depart in Jesus' name. Prayer continued for anywhere between 1 and 15 minutes on average or as long as

circumstances permitted. Results indicated a significant improvement in hearing on audiometric testing before and after the PIP intervention ($p < 0.003$). Significant improvements in vision were also found ($p < 0.02$). Investigators concluded that further study was warranted to determine whether in-person prayer might be valuable as an adjunct to standard medical care for some persons with hearing or visual impairments in contexts where conventional treatments are limited or not available.

Citation: Brown CG, Mory SC, Williams R, McClymond MJ (2010). Study of the therapeutic effects of proximal intercessory prayer (STEPP) on auditory and visual impairments in rural Mozambique. *Southern Medical Journal* 103(9):864-869.

Comment: There was great controversy over whether or not to even publish this article in the Southern Medical Journal. After it was published, the executive editor of the Journal received much negative feedback from readers for publishing the article. The primary reason was because the findings seemed implausible from a scientific viewpoint. However, I was surprised by the non-scientific bias that this controversy demonstrated. The researchers followed a standard scientific protocol using objective measures to assess changes before and after the intervention (prayer for healing), a practice that is used widely in religious settings particularly in underdeveloped countries. Subjects were identified in a systematic manner (consecutive persons coming forward for prayer for hearing or visual impairment during evangelistic prayer meetings, who agreed to diagnostic testing). From a purely scientific standpoint, then, this study was designed well and executed according to protocol, and should have stimulated a whole series of follow-up studies to replicate the results and determine the mechanism by which these effects occurred. If replicated, this would make a major scientific contribution -- not only in terms of identifying a low-cost method of providing relief of visual and hearing impairments, but would also contribute to scientific knowledge concerning the effect that psychosocial interventions have on physiological processes. However, many clinicians and scientists simply ignored or dismissed these findings as implausible.

NEWS

Human Flourishing Conference

Human Flourishing Conference held at the University of the South on June 25th was so successful that a website is being designed to provide a wider access to the content. Sponsored by the Templeton Foundation and directed by Stephen Post, the conference brought together a wide range of speakers including experts in cosmology (Dr. Nidhal Guessoum), gratitude (Dr. Robert Emmons), forgiveness (Charlotte van Oyen-Witvliet), altruistic love (Dr. Matthew T. Lee), happiness and joy (Dr. David Myers), and positive psychology and emotion (George Vaillant). The latest cutting-edge findings in these fields were presented. We will provide the website when it becomes available.

Duke Summer Spirituality & Health Research Workshops

The July and August five-day workshops this year were attended by more than 75 researchers from several different continents. Next summer, the dates of the workshop will be July 15-19 and August 12-16, 2013. For more information, see website: <http://www.spiritualityhealthworkshops.org/>.

SPECIAL EVENTS

Judaism, Medicine, and the Formation of Clinicians

This symposium gathers leading scholars of Judaism and medicine to consider how best to introduce traditional halachic Jewish scholarship regarding medicine to health care professionals, particularly physicians in training. Speakers include Rabbi J. David Bleich, Rabbi Yossi Brackman, Baruch Brody, PhD,

Daniel Eisenberg, M.D., Benjamin Gesundheit, MD, PhD, Chimon Glick, M.D., Azgad Gold, M.D., Ph.D., Kenneth Prager, MD, Avraham Steinberg, M.D., Lauri Aoloth, Ph.D., and HaRav Gedalia Dov Schwartz, shlit"a. The event will be held on September 10, 2012, in Swift Hall at the University of Chicago. It is sponsored by the Program on Medicine and Religion, University of Chicago. For more information and to register, go to <http://pmr.uchicago.edu/>.

Association of Cognitive and Behavioral Therapies (ABCT) Spiritual/Religious Issues Special Interest Group Poster Session

The ABCT Spiritual/Religious Issues in Behavior Change Special Interest Group (SIG) is now accepting submissions for the annual SIG poster session at this year's 46th Annual Convention in National Harbor, MD (November 15-18, 2012). Submissions on topics that address spirituality/religion and cognitive-behavioral therapy (CBT) (broadly defined) are invited. Accepted submissions will be presented at the convention cocktail party on Friday, November 16th, 2012. Preference will be given for proposals involving original research, but reviews and case studies are also welcome. Submissions should be submitted via email to David H. Rosmarin (current SIG chair) at drosmarin@mclean.harvard.edu. Submissions must include the following information in a single page attachment (Word or PDF format accepted): (1) title; (2) all authors names & affiliations; (3) abstract (250 words or less); and (4) email address for a contact person. Submissions must be received by September 15th, 2012 to receive full consideration. For information about the Spiritual/Religious Issues in Behavior Change SIG please visit <http://www.abctspirituality.com/>.

7th Annual National Conference on Health, Religion and Spirituality (Call for Proposals)

Now accepting application for presentations (15-30 min) regarding clinical or experiential workshops (20-50 min) or poster. Date of conference is November 2-4, 2012. Presentations must be received by Sept 20, 2012. Send e-mail to: Tom.Johnson@indstate.edu or go to website <http://www.indstate.edu/psychology/cshrs/ResconfRSH.htm>.

RESOURCES

Spirituality in Patient Care

This book is for health professionals interested in identifying and addressing the spiritual needs of patients. It addresses the whys, hows, whens, and whats of patient-centered integration of spirituality into patient care, including details on the health-related sacred traditions for each major religious group. The book provides health care professionals with the training necessary to screen patients sensitively and competently for spiritual needs, begin to communicate with patients about these issues, and learn when to refer patients to trained spiritual-care professionals who can competently address spiritual needs. Sections specifically address mental-health professionals, nurses, chaplains and pastoral counselors, social workers, and occupational and physical therapists. A ten-session model course curriculum on spirituality and health care for medical students and residents is provided, with suggestions on how to adapt it for the training of nurses, social workers, and rehabilitation specialists. Available at: <http://www.templetonpress.org/content/spirituality-patient-care-0>.

Oxford Textbook of Spirituality in Healthcare

There is a growing corpus of articles in medical and healthcare journals on spirituality in addition to a wide range of literature. *Spirituality in Healthcare* is an authoritative reference on the subject providing unequalled coverage, critical depth and an integrated source of key topics. Divided into six sections including practice, research, policy and training, the book brings together

international contributions from scholars in the field to provide a unique and stimulating resource. Available at:
<http://www.amazon.com/Oxford-Textbook-Spirituality-Healthcare-Textbooks/dp/0199571392>.

Spirituality & Health Research: Methods, Measurement, Statistics, & Resources

This book summarizes and expands the content presented in the *Duke Research Workshops on Spirituality and Health*, and is packed full of information necessary to conduct research in this area acquired over 25 years by the author. Available at:
<http://templetonpress.org/book/spirituality-and-health-research>.

Handbook of Religion and Health (Second Edition)

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>

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry (OFI)

The Templeton Foundation is accepting letters of intent for research on spirituality and health (**Aug 1- Oct 15, 2012**). If the funding inquiry is approved (applicant notified by Nov 26, 2012), the Foundation will ask for a full proposal that will be due Nov 27-Mar 1, 2013, with a decision on the proposal reached by June 21, 2013. More information:

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

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

2012 CALENDAR OF EVENTS...

Sept

- 3 **Spirituality in healthcare: A seminar for health professionals**
Presenters: Koenig and others
Christchurch, New Zealand
Contact: Wyatt Butcher (Wyattbutcher@clear.net.nz)
- 4 **When disaster strikes: A seminar for clergy & pastoral workers**
Presenters: Koenig and others
Christchurch, New Zealand
Contact: Wyatt Butcher (Wyattbutcher@clear.net.nz)
- 5 **Coping with medical illness and the changes with ageing**
Presenters: Koenig and others
Auckland, New Zealand
Contact: Chris Perkins (chrisp@selwyncare.org.nz)
- 10 **Judaism, medicine, and the formation of clinicians**
Presenters: Bleich, Brackman, Brody, Eisenberg, & others
Swift Hall, University of Chicago
Contact: Annikea Miller (t-amille@bsd.uchicago.edu)
- 14 **Religion, spirituality and health symposium**
Presenters: Lucchese, Koenig and others
Porto Alegre, Brazil
Contact: Dr. Fernanco Lucchese (servicor@terra.com.br)
- 15 **67th Brazilian Congress of Cardiology**
Presenters: Lucchese, Koenig and others
Recife, Brazil
Contact: Dr. Fernanco Lucchese (servicor@terra.com.br)
- 29 **Spirituality as a pathway to resilience**
Spirituality and health research seminar
Presenter: Lydia Manning, Ph.D.
Center for Aging, Duke University Med Center 3:30-4:30
Durham, North Carolina
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)