CROSSROADS…

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health Volume 3 Issue 3 Sept 2013

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 August 2013) go to: http://www.spiritualityandhealth.duke.edu/publications/crossroads.html

LATEST RESEARCH

Religiosity and Intelligence

Researchers in the department of psychology at the University of Rochester (NY) and Northeastern University (Boston) conducted a meta-analysis of 63 studies involving college students and the general population to examine the relationship between religiosity and intelligence. Results indicated that strength of religious belief was related to significantly lower IQ scores as determined by standard tests of intelligence (Wechsler Adult Intelligence Scale, University Entrance Exams, Otis Test of Mental Ability, etc.). Unweighted correlations between intelligence test scores and strength of religious belief averaged -0.24 (range -0.20 to -0.25) across studies. Further analyses revealed that higher intelligence earlier in life predicted lower religiosity later in life. The effect for measures of belief was stronger than the effect for measures of behavior or group membership, which were unrelated to intelligence scores. Note also that there was no relationship between grade point average (GPA) and religiosity, and there was a significant difference between the the strength of the relationship between religiosity and intelligence compared to the strength of the relationship between religiosity and GPA.
Citation: Zuckerman M, Silberman J, Hall JA (2013). The relation between intelligence and religiosity: A meta-analysis and some proposed explanations. Personality and Social Psychology Review [E-pub ahead of print]
Comment: It is interesting that despite having a lower IQ, religious persons achieved the same GPA as those who were not religious. Had IQ been controlled for, it is likely that religiosity would have been positively related to GPA.

Spiritual Support by Religious Communities Increases Medical Resource Utilization by Advanced Cancer Patients Near Death

Researchers are Harvard assessed and followed 343 patients with advanced cancer for a median duration of 116 days until death, examining spiritual supports and use of aggressive medical interventions in the time shortly before death. Aggressive end-of-life (EOL) care included avoidance of hospice, time spent in an intensive care unit (ICU), resusciation or mechanical ventilation, and death in the ICU. This was a multi-center study including patients from Dana-Farber Cancer Institute and Massachusetts General Hospital (both Harvard), New Hampshire Oncology Center, Parkland Hospital in Dallas, VA Connecticutt Comprehensive Cancer Clinics, and Yale University Cancer Center. Spiritual care was assessed with two questions: "To what extent are your religious/spiritual needs being supported by your religious community (i.e., clergy, members of your congregation)?" and "To what extent are your religious/spiritual needs being supported by the medical system (e.g., doctors, nurses, chaplains)?" Responses for analysis were dichotomized into "not at all or small extent" (low) vs. "moderate or large extent or completely supported" (high). **Results**: Patients indicating high spiritual support from their religious community (43%) were 63% less likely to receive hospice (adjusted OR=0.37, 95% CI 0.20-0.70), two and one-half times more likely to receive aggressive EOL care (OR=2.62, 95% CI 1.14-6.06), and more than five times more likely to die in the ICU (OR=5.22, 95% CI 1.71-15.60). The likelihood of receiving aggressive EOL care and dying in ICU was especially high in those indicating high religious coping (11 times and 22 times, respectively), and in racial /ethnic minorities (8 and 11 times). However, among those with high support from their religious communities, if they **also** received high spiritual support from the medical team, hospice use more than doubled (OR=2.37, 95% CI 1.03-5.44), they had over 75% fewer aggressive EOL interventions (OR=0.23, 95% CI 0.06-0.79) and 82% fewer ICU deaths (OR=0.12, 95% CI0.02-0.63). Researchers concluded that spiritual care should be a key component of EOL medical care guidelines, since when provided by the medical team this may reduce aggressive treatment at the end of life.
Citation: Balboni TA, Balboni M, Enzinger AC, Gallivan K, Paulk ME, Wright A, Steinhauser K, VanderWeele TJ, Prigerson HG (2013). Provision of spiritual support to patients with advanced cancer by religious communities and associations with medical care at the end of life. Journal of the American Medical Association (JAMA) Internal Medicine 173(12):1109-1117
Comment: The take-away message here is that in the presence of high spiritual support from their faith community (which we hope all end-of-life cancer patients receive), the failure to also provide spiritual support by physicians and other health care professionals is likely to dramatically increase the cost of unnecessary health care around the time of death. Such research should motivate health care professionals to assess and address the spiritual needs of cancer patients, rather than ignore them or simply defer them to the religious community.

Physicians' Views on Responsibilities of Doctors vs. Religious Communities

Interestingly, around the same time that the above JAMA study was reported, a separate group of researchers at the University of Chicago published the results of this survey of a national random sample of 1,504 US primary care physicians (PCPs). They asked doctors how much responsibility physicians vs. religious communities should have in guiding patients in four hypothetical clinical scenarios: (1) facing a frightening medical diagnosis or crisis, (2) likely to die within a few weeks, (3) suffering from anxiety or depression, and (4) facing a morally complex medical decision.

Results indicated that PCPs rated religious community responsibility most highly for patients who would likely die within a few weeks.
Citation: Sheppe AH, Nicholson RF, Rasinski KA, Yoon JD, Curlin FA (2013). Providing guidance to patients: Physicians' views about the relative responsibilities of doctors and religious communities. Southern Medical Journal 106:399-406.
Comment: Perhaps physicians in this study would have responded differently had they read the JAMA study above. Indeed, it is the responsibility of both physicians and religious communities to provide guidance and spiritual support to those who are dying. If this applies to dying patients, then it should also apply to the other three scenarios above, since the remainder of a the non-dying person's life (including their perceived need for health services) could be affected by the spiritual support during these times of medical or psychological crisis.

Prayer in Midlife and Developent of Alzheimer's Disease in Arabic Women

Researchers conducted a door-to-door survey of 778 women aged 65 or over in Israel (?), examining midlife leisure-activities that might relate to cognitive impairment. Praying was measured by asking about the number of hours spent in prayer per month during midlife. Participants were divided into three groups: 448 normal controls, 92 with Alzheimer's disease (AD), and 238 with mild cognitive impairment (MCI), determined using standard measures. Results indicated that a higher percentage of women with normal cognitive functioning reported praying during midlife (87%) compared to those with MCI (71%) or AD (69%) ($p<0.0001$). After controlling for age and education, women engaging in prayer during midlife were 45% less likely to experience MCI (OR=0.55, 95% CI 0.33-0.94), although there was no relationship with AD. Amount of prayer (i.e., hours/mo) was not related to MCI or AD.
Citation: Inzelberg R, Afgin A, Massarwa M, Schechtman E, Israeli-Korn S, Strugastsky R, Amin A, Efrat K, Lindsay AF, Friedland R (2013). Current Alzheimer Research 10(3):340-346
Comment: Although cross-sectional and retrospective, this is the first study to document an association between religious activity and cognitive decline in later life among a largely Muslim population. This is consistent with research in non-Muslim populations (see Current Alzheimer Research 2010; 7(5):445-452, and Journal of Aging Research 2010, article ID 160294).

Sports vs. Religious Participation among Canada Youth: Effects on Health Behaviors

Canadian researchers analyzed data on 26,078 adolescents ages 11-15 surveyed as part of the 2009-2010 Health Behavior in School Aged Children study (random national sample of Canadian youth). The purpose was to examine the relationship between religious participation, involvement in sports, and youth health behaviors. A single item assessed regular participation "in church or religious groups " and participation in "sports club or team." At-risk health behaviors examined were cigarette smoking, use of alcohol, use of drugs, sexual activity, violence (fighting), breakfast skipping, infrequent vegetable eating, infrequent fruit consumption, infrequent toothbrushing, and physical inactivity. **Results** indicated that after controlling for sex, grade, urban-rural residence, family structure, wealth (SES), and having meals as family, youth that participated in church or religious groups regularly were less likely to have ever smoked (OR=0.81, 95% CI 0.72-0.91, $p<0.0001$), to drink alcohol, binge drink, or become drunk (OR's ranging from 0.52 to 0.69, $p<0.0001$), to frequently use marijuana (OR=0.46, 95% CI 0.37-0.56), have premarital sex (OR=0.71, 95% CI 0.49-0.85), frequently skip breakfast (OR=0.78, 95% CI 0.71-0.86), infrequently eat vegetables (OR=0.73, 95% CI 0.65-0.83), infrequently eat fruit (OR=0.81, 95% CI 0.71-0.92), and frequently be inactive physically (OR=0.76, 95% CI=0.63-0.90) (all $p<0.0001$). The only health behaviors not less frequent among religious youth were physical fighting and infrequent toothbrushing. Compared to youth engaged only in sports, those engaged only in church or religious groups were less likely to have ever smoked (OR=0.88, 95% CI 0.87-0.90), drink alcohol, binge drink, become drunk (OR's ranging from 0.31 to 0.71, all significant), frequently use marijuana (OR=0.42, 95% CI 0.29-0.60), have premarital sex (OR=0.45, 95% CI 0.32-0.62), and frequently skip breakfast (OR=0.85, 95% CI 0.72-0.99). However, they were more likely than those engaged in sports to report infrequent fruit consumption (OR=1.64), infrequently teeth brushing (OR=1.74), and physical inactivity (OR=5.89). Researchers concluded that religious youth engaged in fewer at-risk health behaviors compared to non-religious youth, and in many areas, even less at-risk health behaviors than youth engaged in sports and sport clubs.
Citation: Michaelson V, Robinson P, Pickett W (2013). Participation in church or religious groups and its association with health: A national study of young Canadians. Journal of Religion and Health, May 15 [E-pub ahead of print]
Comment: An impressive study regarding the impact of youth involvement in church or religious groups on factors known to influence physical health during youth and during later adult life. If the secularization trend continues in Canada, this might mean higher future healthcare costs for this country.

Religiousness/Spirituality and Health Behaviors in College Students

Investigators surveyed 266 first and second year undergraduate students (mean age 18.6) who attended a large private university in the northeastern U.S. Participants were 77% White, 61% women, 65% Christian (majority Catholic), and 16% Jewish. They were recruited from a psychological research subject pool and received course credits for participating. R/S was measured using the Brief Multidimensional Measure of Religiousness/Spirituality, with seven 2-item scales resulting from factor analysis: experiential comforting faith, personal spirituality, religious community support, private religious practices, negative religious interactions in church, punishing God negative religious coping, and organizational religiosity. A 6-item intrinsic-extrinsic religiosity scale developed by Gorsuch was also administered. Health behaviors included seatbelt use, alcohol use while driving, alcohol consumption, smoking, sleep behavior, and physical activity. Canonical correlation (a multivariate regression technique) was used to examine associations between R/S variables and health behaviors. A single latent variable emerged from religious measures that was called "relational personal spirituality." A single latent variable emerged from the health behaviors above titled "healthy college behavior" (characterized largely by more physical activity and less alcohol consumption) These two latent variables were significantly and positively correlated (shared variance=+0.39). Researchers concluded that "relational spirituality [is] related to important elements of a healthy lifestyle among individuals, i.e., college freshmen and sophomores, who are typically at risk for greater engagement in non-healthy behaviors."
Citation: Hooker SA, Masters KS, Carey KB (2013). Multidimensional assessment of religiousness/spirituality and health behaviors in college students. International Journal of the Psychology of Religion, June 9 [E-pub ahead of print]
Comment: Although the results are not surprising, given previous research in the U.S. and Canada, this is the first study [say researchers] to use canonical correlation (a new method of aggregating variables to identify "latent" constructs) in order to assess relationships between dimensions of religiousness/spirituality and health behaviors in college students. This method of analysis may be increasingly used in spirituality and health research, so readers should be aware of it.

Religious Communication and Marital Satisfaction

Investigators at the Washington State University and University of Kentucky studied 342 heterosexual married couples examining associations between relationship with God, joint religious communication, forgiveness, and marital satisfaction. Primary research questions were: (1) "Does forgiveness mediate the link between individual relationship with God and marital satisfaction?", (2) "Does fogiveness mediate the link between couple's religious communication and marital satisfaction?", and (3) "Does couple's religious communication mediate the link between individual relationship with God and marital satisfaction?" The average age of couples in the study was 47 years, time married was 20 years, and number of children was 2; 83% were white, 66% were college graduates, and 78% were Christian. Marital satsifaction was assessed with the Quality of Marriage Index (Norton). Standard scales of individual relationship with God (3-item), joint religious comunication (4-item), and forgiveness (6-item) were administered. Uncontrolled correlations indicated that quality of marriage was positively and significantly related to relationship with God ($r=+0.15$, $p<0.001$), joint religious communication ($r=+0.19$, $p<0.001$), and forgiveness ($r=+0.26$, $p<0.001$). Controlling for gender, couples' religious affiliation, mixed faith couples, household income, years married, and race, results indicated that individual relationship with God predicted greater marital satisfaction (actor effect, $B=+0.14$, $p<0.001$). After also controlling for individual relationship with God, joint religious communication was independently associated with marital satisfaction (actor effect, $B=+0.08$, $p<0.01$). After controlling for both individual relationship with God and joint religious communication, forgiveness significantly predicted marital satisfaction (actor effect, $B=+0.25$, $p<0.001$). Researchers concluded that (1) an individual's relationship with God is important to marital quality since it improves religious communication between partners; (2) religious communication (praying together, discussing God's will and role in marriage, etc.) is directly related to marital quality; and (3) forgiveness explains some but not all of the relationship between religious communication and marital quality. They also found that mixed-faith couples had lower marital satisfaction and that joint religious communication was more strongly related to marital satisfaction among mixed-faith couples than in same-faith couples.

Citation: David P, Staffor L (2013). A relational approach to religion and spirituality in marriage: The role of couples' religious communication in marital satisfaction. Journal of Family Issues [E-pub ahead of print]

Comment: It is exciting to see research beginning to disentangle the relationship between religious involvement and marital quality. This study suggests that an individual's relationship with God, praying together and discussing religious issues related to marriage, and forgiveness all appear to contribute to that association. The findings also underscore the importance of joint religious communication among mixed-faith couples; of course, given the cross-sectional nature of this study, it could also be that mixed-faith couples with high marital quality might also be more likely to have better joint religious communication.

Spiritual Support from Church Members and Changes in Personal Control with Aging

Researchers at the University of Michigan followed 583 older adults (mean age 77) for three years (2004 to 2007) examining the influence of church-based support on loss of personal control as participants developed functional disability with increasing age. Personal control was assessed using the Rotter (1966) locus of control scale, functional disability by a standard 15-item IADL and ADL measure, spiritual support from church members by a 4-item measure, emotional support from church members by a 3-item measure, and secular emotional support with a 3-item measure. Analyses controlled for age, gender, race, education, marital status, frequency of religious attendance, and frequency of private prayer. Results indicated that only **spiritual** support from church members (not emotional support from either church members or secular support) predicted les decline in personal control over the 3-year follow-up, and in fact among those with the highest spiritual support score, participants actually experienced an increase in personal control over time ($B=+0.25$, $p<0.05$). In addition, a significant interaction was present between functional disability and spiritual support ($B=+0.04$, $p<0.001$), such that older participants with low spiritual support experienced a much sharper decline in personal control over time if they had high functional disability, whereas among those with high spiritual support, the effects of functional disaiblity on change in feelings of personally control were nearly completely absent.

Citation: Krause N, Hayward RD (2013). Church-based social support, functional disability, and change in personal control over time. Journal of Religion and Health, April 4 [E-pub ahead of print]

Comment: The findings here are nothing short of remarkable. Older adults who received spiritual support from fellow church members not only retained their sense of control over their lives as they aged, but this sense of control actually increased over time. Even in the face of increasing disability, those with high spiritual support experienced no decline in personal control. Here are the actual items used to measure spiritual support: (1) "Not counting Bible study groups, prayer groups, or church services, how often does someone in your congregation share their own religious experiences with you?"; (2) "Not counting Bible study groups, prayer groups, or church services, how often does someone in your congregation help you find solutions to your problems in the Bible?"; (3) "Not counting Bible study groups, prayer groups, or church services, how often do the exmaples set by others in your congregation help you lead a better religious life?"; and (4) "Not counting bible study groups, prayer groups, or church services, how often does someone in your congregation help you live according to your religious beliefs?"

Daily Spiritual Experiences and Depression in Australian Women

Researchers at the University of Western Australia conducted an online survey of 278 women ages 18 to 78 (average age 42) to examine relationships between spirituality and depression. Participants were recruited by advertisements in local community newspapers in Western Australia. The majority of participants (67%) were either full time or part time employed and married (58%). Religious affiliation was indicated by 55%, whereas 45% said they either had no religious affiliation or described themselves as atheists (1.4% said they were athiests). Spiritual beliefs were assessed using the 16-item Daily Spiritual Experiences Scale (Underwood), and depressive symptoms by the Depression Anxiety Stress Scale (DASS-21). In uncontrolled analyses, daily spiritual experiences were inversely related to both depression ($r=-0.21$, $p<0.01$) and anxiety ($r=-0.13$, $p<0.05$). Even after controlling for social support (which partially mediated the relationship) and anxiety symptoms, daily spiritual experiences remained inversely related to depressive symptoms ($B=-0.10$, $p<0.05$). Researchers concluded that spiritual experiences account for a significant proportion of the variance in depressive symptoms beyond that of social support among women in Western Australia.

Citation: Bennett KS, Shepherd JM (2012). Depression in Australian women: The varied roles of spirituality and social support. Journal of Health Psychology 18(3):429-438

Comment: Australia has become increasingly secular over the years. Despite this, however, it is interesting to see a significant relationship between spiritual experiences and better mental health (lower depressive and anxiety symptoms). Furthermore, this relationship appeared independent of social support in this sample

of relatively well-educated, employed, Internet-savvy middle-aged women.

Psycho-Spiritual Model for Christian Counseling
Researchers and clinicians in the graduate school of counseling at Nyack College in New York describe in this article a new model of counseling that bridges the gap between psychological theory, Biblical teachings, and Christian counseling. They re-introduce and expand the original Psycho-Spiritual Model developed by Craig Ellison about 20 years ago [Ellison died in 2010]. Called the "Expanded Psycho-Spiritual Model" (EPSM) the authors ground the model on four major foundations (i.e., self-evident, non-provable statements based on classic Christian theology). They then illustrate, using a theoretical model of change, how the EPSM can be applied in clinical settings with patients. The approach to treatment, based firmly on Judeo-Christian scriptures, focuses on addressing six psychospiritual needs: acceptance, belonging, competence, equity, identity, significance, security, and transcendence. The authors conclude by discussing the implications of the EPSM for Christian counselors and for the relationship between psychology and Christianity.
Citation: Chin J, Ellison CW (2011). Expanded psycho-spiritual model: Foundations and implications. Edification 5(2): 125-137
Comment: This is an important article written by professors with decades of experience counseling and teaching psychology graduate students at a Christian college. It lays the Biblical and psychological foundations for a new model of change that will be important for Christian counselors to know about and consider in their therapeutic approaches.

Atheism and Mental Health
Writing in the Harvard Review of Psychiatry, the author, a Canadian psychiatrist, argues that while there is growing research on religion and mental health, little attention has been paid to the effect of atheism on mental health and well-being. Atheism (adhered to by nearly one-third of the population of the UK) is an orienting worldview that in many ways serves functions similar to that of religion. The author divides atheists into "positive" and "negative" subtypes. Positive atheism is described as a consciously chosen, aggressive, vocal commitment to not believing in God, and is distinguished from negative atheism that is described as a more quiet, less insistent disbelief in God. The negative subtype makes up about two-thirds and the positive subtype about one-third of atheists. Positive atheists, in particular, make up a group that has become called the "new atheism" and is represented by writers such as Richard Dawkins, Christopher Hitchens, and Sam Harris. The author suggests that atheism, just like religiosity, should be studied in research as an exposure variable and examined in relationship to mental health. He also argues that further work is needed to systematically examine the influence of atheism on psychiatry as an institution. The latter has been strongly affected over the years by atheists such as Sigmund Freud and his followers, who have described religion as a delusion and infantile regression. The author encourages researchers to take a closer look at atheistic theory and its relationship to mental health, especially since many positive atheists claim that religious belief is akin to mental illness. If that is not true, as suggested by the majority of current research on religion and mental health, then religion-health researchers should more vigorously respond to the claims made by positive atheists.
Citation: Whitley R (2010). Atheism and mental health. Harvard Review of Psychiatry 18:190-194
Comment: This is a well-written, informative article that describes atheism, its subtypes, its spokespersons, and begins to examine the influence that atheists had (and are having) on the institution of psychiatry. More important, it lays out a possible research agenda for those studying religion and health that encourages a consideration of the health effects of atheism. The article is balanced and thoughtful, without taking sides, and is well-worth reading.

NEWS

Does Faith Make You Healthier? (Wall Street Journal)
Ari Schulman, editor of *The New Atlantis: A Journal of Technology & Society*, wrote an opinion piece on religion and health in the August 8th issue of the WSJ. The writer reports briefly on the results of a study published in the Journal of Social, Psychological & Personality Science that examined 2 million Twitter messages by prominent Christians and atheists, finding that Christian tweeters used more positive words and fewer negative words than atheists. Also cited are brief summaries of other research on religion and health, commenting on the studies overall and their relationship to science and health. Both sociobiologist EO Wilson and CS Lewis are quoted in the article, and readers are cautioned not to use faith as "an instrument for personal and social benefit." This is a reasonably even-handed opinion piece that is worth reading.
Citation: Schulman AN (2013). Does faith make you healthier? Wall Street Journal, August 8
See website:
http://online.wsj.com/article_email/SB10001424127887324328904578622481104499620-lMyQjAxMTAzMDAwOTEwNDkyWj.html?mod=wsj_valettop_email

Freiburg Institute for Advanced Studies (FRIAS)
A new research group focused on religion, spirituality and health has formed at the University of Freiburg in Freiburg, Germany (since 2012). This interdisciplinary group brings together the areas of theology and medicine, with the goal of contributing to the understanding of patients' psychosocial and spiritual needs and of identifying resources in health care to enable patients to cope with disease. The focus of the group, then, is on the spiritual needs of patients as they struggle to adjust to chronic disease and suffering. The group is dedicated to conducting research, especially research on the development of health care interventions to improve spiritual care. FRIAS represents a collaboration of researchers in three countries -- Denmark, Germany, and Switzerland. The key leaders of the program include Professor Dr. Klaus Baumann (a theologian at the University of Freiburg), Professor Dr. Med. Arndt Bussing (internist at Witten/Herdecke University, Germany), and Professor Dr. Niels Christian Hivdt at Munich, Germany, and Odense, Denmark (University of South Denmark). For more information about the purpose and activity of this group see website: http://sv2.innotix.com/institut-fisg/dynasite.cfm?dsmid=92513 (Summer 2013 vol 8, no 2, European Network of Research on Religion, Spirituality and Health e-newsletter)

Duke Summer Research Workshop
Duke University's 5-day summer research workshop was held on August 12-16, and was attended by 40 senior and junior researchers from around the globe, including Turkey, Canada, and Israel. Jewish, Muslim, and Christian religions were represented among participants, who included physicians, nurses, chaplains, theologians, social workers, occupational therapists, psychologists, counselors and health professionals from a wide variety of other disciplines. Registration is now open for the 2014 summer workshop (see below).

SPECIAL EVENTS

Spirituality in the 21st Century (Prague, Czech Republic) (March 18-20, 2014)
The contemporary study of spirituality encompasses a wide range of interests. These have come not only from the more traditional areas of religious scholarship—Theology, Philosophy of Religion, History of Religion, Comparative Religion, Mysticism—but also more recently
from such diverse fields as Management, Medicine, Business, Counseling, Ecology, Communication, Performance Studies and Education, and others. This inter-disciplinary and multi-disciplinary conference invites a broad range of scholars and practitioners who seek to challenge disciplinary silos by exploring the spiritual foundations upon which
their fields of inquiry stand. Papers and/or presentations are welcomed from any academic, professional and/or vocational area in which Spirituality plays a part. Papers, performances, presentations, reports, works-in-progress and workshops are invited on issues related to any of the following themes: Conceptualisations of Spirituality; Interpreting Elements and Examples of Spirituality; Cultural Expressions of Spirituality via Art, Dance, Film, The Internet, Literature, Music, Radio, Television and/or Theatre; Spirituality and Communication; The Liminal Elements and Facets of Spirituality; Spirituality and Cultural Identity; Research and/or Pedagogical Approaches to Spiritual Work; Childhood Spirituality; and many more. Deadline for submisions is October 11, 2013. For further details go to website: http://www.inter-disciplinary.net/critical-issues/ethos/spirituality-in-the-21st-century/call-for-papers/.

Faith-Based Nursing Conference (Marion, Indiana) (June 16-19, 2014)
It is time to submit an abstract for the 4th Biennial Innovations in Faith-Based Nursing Conference to be held at Indiana Wesleyan University. The conference is being hosted by the IWU School of Nursing, Nurses Christian Fellowship, Nurses Christian Fellowship International, and the Eta Chi Chapter of Sigma Theta Tau International. Participants will have an opportunity to: (1) Explore Christian foundations and worldviews in professional nursing; (2) Identify innovative teaching strategies for nursing education and practice; (3) Embrace cultural attributes in the profession of nursing in local and global settings; and (4) Experience networking in a Christian community. Abstracts will be considered for podium or poster presentation. The deadline for submissions is November 1, 2013. Your abstract can be addressed toward one of four specific tracks: education, practice/advanced practice, faith, and culture. Learn more at http://www.indwes.edu/Nursing-Innovations/.

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

Website Focused on Integrating Spirituality into Clinical Practice
Conveners of a week-long workshop held this past July at Fuller Theological Seminary, Pasadena, California, and sponsored by Glendale Adventist Hospital, have now made available the power point presentations given at this event: http://www.emergingtoolsforinnovativeproviders.com/presentations Included here are PDF's of presentations by Ken Pargament and numerous other experts in the fields of religion and health, psychoneuroimmunology, and neuroscience, which can now be downloaded from here. One focus of the workshop was the effects of early traumatic life experiences on later susceptibility to physical illness (based on ACE scores). For those interested in early life trauma, the presentations by Vincent Felitti from Kaiser Permanente and George Slavich from UCLA will be useful. A stinging critique of the research on religion and health by psychiatric researcher Michael King from the University College of London will also be of interest to many.

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 lastest information, trends in health care, research studies, legal issues, and healthcare standards requiring sensitivity to all patients' spiritual needs. 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 resources 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 in this area acquired over 25 years by the author. 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. The 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. 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 pscyhologists 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 will be due November 1, 2013. For more information see:
http://www.varietiesofunderstanding.com/index.html

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Website: http://www.spiritualityandhealth.duke.edu/

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2013 CALENDAR OF EVENTS…

September

9 Religion, Spirituality, and Aging
The Village at Brookwood, 6:30-8:00P
Presenters: Richard Cox, M.D., Ph.D., Harold G. Koenig, M.D.
Burlington, North Carolina
Contact: Kent Kirchin (KKirchin@villageatbrookwood.org

14 Conducting Research on Christian Interventions
World Conference, American Association of Christian Counselors
Nashville, Tennessee
Presenter: Koenig
Contact: Laura Captari (laura.captari@aacc.net)

19 Religion, Spirituality and Aging
Carol Woods Retirement Center, 7:30-8:30P
Chapel Hill, North Carolina
Presenter: Koenig
Contact: Jane Arndt (jane_arndt@med.unc.edu)

25 Faith-based Organizations and the Provision of Health Care for Black Elderly in the U.S.
Presenter: Lori Carter-Edwards, Ph.D.
Research Associate Professor, UNC Chapel Hill
Deputy Director, Health Promotion & Disease Prevention
Durham, North Carolina
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

October

12 Health, Science and Faith
First Presbyterian Church
Boulder, Colorado
Presenter: Phillip Yancey, Harold Koenig
Contact: Dr. Allan Graham (allangrahamhome@comcast.net)

26 Religion, Spirituality and Health
Marshalltown Medical and Surgical Center
Marshalltown, Iowa
Presenter: Koenig
Contact: Rev. Kris Snyder (ksnyder@marshmed.com)

30 Rethinking Spirituality and Health Research:
A Philosophical and Ethical Exploration
Warren Kinghorn, M.D., Th.D.
Assistant Professor, Psychiatry DUMC
Assistant Professor, Pastoral and Moral Theology, Duke Divinity School
Durham, North Carolina
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)