CROSSROADS…

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health Volume 5 Issue 8 February 2016

This newsletter provides updates on research, news and events related to spirituality and health, including educational resources and funding opportunities. **Please forward to colleagues or students who might benefit.** Our goal is to create a community of researchers, clinicians, clergy, and laypersons interested in spirituality and health and keep them informed and updated. An EVENTS CALENDAR concludes the newsletter and describes spirituality and health related presentations happening at Duke and around the world. This is your newsletter and we depend on you to let us know about research, news, and events in this area.

All e-newsletters are archived on our website. To view previous editions (July 2007 through Jan 2016) go to: http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads

LATEST RESEARCH

Religious Involvement and Telomere Length

Researchers at Duke University in North Carolina and Glendale Medical Center in Los Angeles, California, surveyed 251 stressed caregivers of family members with severe dementia or other disabling neurological or medical illnesses. The purpose was to assess level of religious involvement and, for the first time, examine the relationship with telomere length (TL). Telomeres are located at the ends of the chromosomes, and shorten each time the cell divides. The telomere has become increasingly known as the cell's "biological clock" predicting its lifespan. In brief, psychological and social stress increase inflammation in the body, which speeds the rate of telomere shortening. When telomeres shorten to a critical length, cells can no longer divide without affecting genomic stability, resulting in organ degeneration and death. If religious involvement, which lowers caregiver stress, were linked to TL, then this would provide a biological mechanism to explain why religious people live longer. In the present study, religious involvement was measured using a 41-item scale assessing religious attendance, private religious activity, intrnsic religiosity, religious commitment, religious support, and religious coping. Depressive symptoms, caregiver stress, perceived stress, and both caregiver and cared-for person physical health were assessed using standard measures. TL in blood leukocytes was measured at Elizabeth Blackburn's lab, University of California, San Francisco (Blackburn won the Nobel prize in Medicine in 2008 for work in this area). **Results**: Analyses revealed a U-shaped relationship between religiosity and TL. Those scoring in the lowest 10% on religiosity tended to have the longest telomeres (5743 bp ± 367 vs. 5595 ± 383, p=0.069). Nevertheless, among the 90% of caregivers who were at least somewhat religious, religiosity was significantly and positively related to TL after controlling for confounders and explanatory variables (B=1.74, SE=0.82, p=0.034). Researchers concluded that, "While non-religious caregivers have relatively long telomeres, we found a positive relationship between religiosity and TL among those who are at least somewhat religious."

Citation: Koenig HG, Nelson B, Shaw SF, Saxena S, Cohen HJ (2016). Religious involvement and telomere length in women family caregivers. Journal of Nervous & Mental Disease 204(1):36-42

Comment: This is the first study to demonstrate a relationship between religious involvement and telomere length. Given that the vast majority of U.S. family caregivers of those with advanced dementia or other severe disabilities are "at least somewhat religious" [as found in the present study and reported elsewhere (Am J Geriatric Psychiatry 2007; 15: 292-300)], the present results are relevant to most of this population. Further research (especially prospective studies) are needed to replicate this finding and determine if the relationship is causal.

Effects of a Spiritual Intervention on Gene Expression in Iranian Breast Cancer Patients

Investigators in the department of surgical oncology at Shahid Beheshti University of Medical Sciences in Tehran, Iran, examined the effects of a 3-month group spiritual intervention on changes in dopamine receptor gene expression in 60 breast cancer patients and 30 healthy controls. Breast cancer patients were randomized into two groups, 30 patients in each, and both of these groups were compared to the 30 healthy controls. The spiritual intervention involved ten 120-minute group sessions led by two psychologists. These sessions focused on topics such as prayer, meditation, reliance on God, spiritual experiences, forgiveness, acts of kindness, and thankfulness for blessings (with homework between sessions). Expression of the dopamine receptor genes DRD1, DRD2, DRD3, DRD4, and DRD5 in blood was determined using Real-time PCR technology. High expression of genes DRD1-DRD5 in breast cancer patients are known to reduce the number of immune cells, particularly T cells, resulting in a weakened immune system less capable of defending against the cancer and its spread. Levels of expression were compared across the three groups at baseline and follow-up. **Results**: Findings indicated a significant reduction in expression of all dopamine genes (DRD1-DRD5) in the intervention group compared to breast cancer and healthy controls. The authors concluded that "The findings were of great significance in management and treatment of cancer because they revealed the possibility of using alternative treatments (e.g., spiritual interventions) apart from conventional medical treatments."

Citation: Akbari ME, Kashani FL, Ahangari G, Pornour M, Hejazi H, Nooshinfar E, Kabiri M, Hosseini L (2015). The effects of spiritual intervention and changes in dopamine receptor gene expression in breast cancer patients. Breast Cancer, Nov 23 [Epub ahead of print]

Comment: Although the study is difficult to read and follow given English grammar problems, the findings are pretty remarkable. Gene expression regulates many biological processes, including levels of immune cells and inflammatory cytokines known to influence the development and progression of breast cancer. If spiritual interventions could be shown to affect these processes, it would indeed be an important finding – especially for highly religious countries that may have limited access to modern

EXPLORE…in this issue

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healthcare in some regions. This does not mean, however, that spiritual interventions should replace modern healthcare.

Early Trauma and Health Outcomes: Buffering Effects of Religion

Investigators at Johns Hopkins School of Nursing analyzed data from 10,283 Seventh-day Adventists across North America, examining the effect of religiosity on the relationship between early life trauma and health outcomes. Religious/spiritual characteristics assessed were religious coping (positive and negative), intrinsic religiosity, gratitude, and forgiveness, using standard measures of these constructs. Early traumatic stress (ETS) was measured using a modified version of the Trauma Inventory Scale. Mental and physical health outcomes were measured with the SF-12. Age, gender, and race were controlled in all analyses. **Results**: Religious/spiritual variables did not buffer the effects of ETS on physical health. However, the findings for mental health were different. Intrinsic religiosity (B=0.52, SE 0.21, p<0.01), positive religious coping (B=61, SE=0.27, p<0.05), forgiveness (B=0.32, SE 0.14, p<0.01), and gratitude (B=0.87, SE=0.26, p<0.01) all buffered the relationship between ETS and mental health, reducing the adverse emotional effects of trauma. Researchers concluded: “Adult survivors of early trauma experienced worse mental and physical health; however, forgiveness, gratitude, positive religious coping, and intrinsic rleigiosity were protective against poor mental health.”

Citation: Reinert KG, Campbell JC, Bandeen-Roche K, Lee JW, Szanton S (2015). The role of religious involvement in the relationship between early trauma and health outcomes among adult survivors. Journal of Child & Adolescent Trauma, Nov 23 [E-pub ahead of print]

Comment: Large sample size and carefully conducted analyses revealed a significant buffering effect for religious and spiritual characteristics. Again, prospective studies are needed to sort out whether religious involvement actually prevents the development of mental health problems in response to early life trauma, or whether religious involvement is a proxy for some other factor linked to emotional resilience.

Religiosity and the Mental Health Consequences of Childhood Abuse

Investigators at the Falk Institute for Behavioral Health Studies at Kfar Shaul Hospital in Jerusalem, Israel, conducted interviews with a convenience sample of 790 adult women attending 23 primary health care clinics (PCS) in the Jerusalem metropolitan and surrounding area, and compared them to a community sample (CS) of 500 adult Jewish women in Israel. The aim was to examine the relationship between religiosity and childhood abuse. Religiosity was measured by a single question that asked about four categories of religious observance: Tltra-Orthodox (Haredi) (52% of PCS, 9% of CS), Modern Orthodox (36% of PCS, 22% of CS), Traditional (21% of PCS, 33% of CS), and Secular (23% of PCS, 36% of CS). Three types of abuse were examined – physical, sexual, and verbal. Both childhood (“As a child, do you remember being _____ abused?”) and recent abuse (“Within the last year, did someone _____ hurt you?”) were examined. The 18-item Brief Symptom Inventory was used to assess depression, anxiety, and somatization (psychological distress). **Results**: A history of childhood abuse was present in about 45% of women in the PCS sample and 45% in the community sample; abuse within the past year was present in about 37% of women in the PCS sample and 36% of women in the CS. Neither childhood nor recent abuse occurred more frequently in one religious group or another (including secular). However, psychological distress in general was less common in Ultra-Orthodox and Modern Orthodox (BSI=7.7 in both) compared to Traditional (BSI=18.7) or Secular (BSI=12.7) (p<0.01). A trend in this same direction was also found in those who indicated a history of child abuse (BSI=14.8 and 11.4 vs. BSI=24.6 and 20.0, respectively, p<0.05). Multivariate analyses indicated that within the Ultra-Orthodox tradition, anger was strongly related to psychological distress (p=0.000), whereas anger was less strongly related to psychological distress in Secular women (p=0.053). A history of recent abuse was also more predictive of distress in Ultra-Orthodox women (p=0.025), whereas there was no significant relationship in Secular respondents. Researchers concluded that “These initial findings suggest that abusive traumas in childhood may seriously compromise religiosity’s potentially protective role.”

Citation: Feinson MC, Meir A (2015). Exploring mental health consequences of childhood abuse and the relevance of religiosity. Journal of Interpersonal Violence 30(3):499-521

Comment: It is not clear whether the researchers’ findings support their conclusion. Distress was less among abused women who were associated with Orthodox traditions compared to traditional or secular women. True, anger was more strongly related to distress and recent abuse was also more strongly related to distress in Ultra-Orthodox women, compared to these relationships in Secular women. However, neither finding supports the claim that abusive traumas in childhood compromise religiosity’s protective role.

Discrimination, Depression, Substance Use and Spirituality in Muslim Americans

Researchers in the School of Social Work at Arizona State University used structural equation modeling to examine survey data collected on 265 Muslim Americans to examine the inter-relationships between Islamic religious practices, discrimination, depression, and substance use. The average age of participants was 38.2 years, 69% were women, 57% married, and almost 80% held a four-year college degree. More than a third (37%) were of Middle Eastern ethnicity, and about half (49%) were born in the U.S. Religious practices included frequency of prayer, reading the Qur’an, and performance of ablution (ceremonially washing parts of the body in preparation for religious activity). Perceived discrimination was measured with a single item that asked whether the participant had been called offensive names in the past year because he or she was Muslim. Depression was measured with the 20-item CES-D. Substance use was assessed by frequency of drinking alcohol and smoking cigarettes. **Results**: Over one-third of the sample (38%) reported being called offensive names. Discrimination was positively associated with depression, but not substance use or frequency of religious practices. Religious practice was not a mediator of the discrimination-depression relationship, but instead had a direct, independent effect on both depression (B=-0.22, p<0.01) and substance abuse (B=-0.36, p<0.01). Researchers concluded: “…spirituality may play a critical role in helping Muslims ameliorate depression and substance use in direct practice settings.”

Citation: Hodge DR, Zidan T, Husain A (2015). Modeling the relationships between discrimination, depression, substance use, and spirituality with Muslims in the United States. Social Work Research, Sept 21 [E-pub ahead of print]

Comment: Nearly 40% of the sample reported being called offensive names because they were Muslim, despite the fact that half were born in the U.S.! Although the date of the survey was not given, it was probably some time in 2014 or 2015, so fairly recent. Religious practices appear to help protect Muslims in the U.S. not only from discrimination but from other stressors they experience as a minority group (as religious practices do in African-Americans).

Benevolent View of God: Effects on Physical Health

In one of the first reports from the *Landmark Spirituality and Health Survey*, researchers at the University of Michigan analyzed cross-sectional data from a nationwide survey of 1,774 U.S. adults to

identify associations between a benevolent view of God, gratitude to God, hope, and physical health. A benevolent image of God was determined by agreement to the three statements: "Despite my shortcomings, I feel forgiven by God"; "I believe God is merciful"; and "I believe God will forgive my shortcomings." Also assessed were frequency of attendance at religious services, spiritual support from one's congregation (3 items), gratitude to God (3 items), and hope (4 items). Physical health was measured by a checklist of 10 physical symptoms and two self-rated health items (overall health rating and health related to others). Structural equation modeling was used to examine relationships, controlling for age, gender, education, and marital status. **Results**: Persons who attended religious services more often (B=0.08, p<0.01) and received more spiritual support from members of their congregation (B=0.36, p<0.001) had a more benevolent image of God; those with a more benevolent image of God were more grateful to God (b=0.58, p<0.001); those who were more grateful to God experienced more hope (B=0.21, p<0.001); and greater hope was associated with better self-rated health (B=0.33, p<0.001) and fewer physical symptoms (B=-0.26, p<0.001). Researchers concluded that "…the foundational views that people have of God (i.e., their images of God) may have important health consequences."
Citation: Krause N, Emmons RA, Ironson G (2015). Benevolent images of God, gratitude, and physical health status. Journal of Religion and Health 54:1503-1519
Comment: This one of the first studies conducted in a national random sample of U.S. adults to show that a person's view of God may impact their physical health. Again, the cross-sectional nature of this sample prevents statements about the direction of cause or effect. Therefore, better physical health may also generate greater hope, greater hope may cause more gratitude to God, and more gratitude to God may result in a more benevolent image of God.

Religion and Parkinson's Disease

Clare Redfern and Alasdair Coles from the Faraday Institute for Science and Religion, and the Department of Clinical Neurosciences at Cambridge University (UK), review the research literature on the effects of Parkinson's disease on religious faith and spirituality. They conclude that few studies have systematically addressed this issue, with little consensus even among those few. While case-control studies indicate a decrease in the religiosity/spirituality of PD patients depending on the side of the body affected, qualitative studies report the common use of religious coping and emphasize the importance of religious faith in dealing with the disease. The article ends with recommendations for future studies.
Citation: Redfern C, Coles A (2015). Parkinson's disease, religion, and spirituality. Movement Disorders Clinical Practice 2(4):341-346
Comment: This article is noteworthy because appears to be the first review of the role of religion/spirituality in Parkinson's disease. Given the importance and wide prevalence of PD in later life, more research is needed on the impact of religious involvement on PD and the impact of PD on religiosity/spirituality.

Spirituality in Nursing Practice

Authors from the United Kingdom discuss the role of spirituality in nursing practice, pointing out the challenges of defining spirituality and applying it in a pluralistic public health setting with patients from multiple religious faiths (and often no faith). Guidance on integration of spirituality into patient care is also provided from the British perspective.
Citation: Rogers M, Wattis J (2015). Spirituality in nursing practice. Nursing Standard 29(39):51-57
Comment: This is a recent review of the role that spirituality plays in nursing pratice from the United Kingdom. Given the decrease in religious involvement in Europe and the UK, this commentary provides a perspective for nurses on how to integrate spirituality into largely secular healthcare settings.

Chaplain Activities within Duke University Medical Center ICUs

Researchers in the Division of Pulmonary and Critical Care Medicine at Duke University Medical Center (DUMC) conducted a retrospective chart review of 4,169 adult admissions during a 6-month period to five ICUs (general medical, cardiac, neuro, cardiothoracic, surgical). Chaplains or chaplain residents/interns staff these ICUs and make encounter notes in the electronic medical record that include ministry interventions performed, source of referral, and with whom the encounter was discussed. Any member of the ICU team may request a chaplain visit, or chaplains make a self-initiated visit. The purpose of this study was to describe the prevalence, timing, and nature of chaplain visits in the ICU. **Results**: During the 6-month period, 248 patients were visited by a chaplain (5.9%); chaplain visits were most frequently requested in the medical ICU (13%) and least frequently requested in the cardiothoracic ICU (2%). Median time from admission to first visit was two days. Approximately half of those visited (46%) had no follow-up visit. Of the 246 patients who died in the ICU, 81% were seen by a chaplain (a median of one day prior to death). With regard to who referred the patient, families were most likely to request a chaplain visit (19%), followed by chaplain-initiated visits (17%), visits requested by nurses (15%), and those requested by physicians (4%). In only 6% of visits did the chaplain speak with the physician about the encounter. More often, the discussion was with the nurse (57%). Researchers concluded that chaplain visits in the ICU are uncommon at Duke University Medical Center, usually occur just before the patient dies, and communication between the chaplain and the physician about the visit is rare.
Citation: Choi PJ, Curlin FA, Cox CE (2015). "The patient is dying, please call the chaplain": The activities of chaplains in one medical center's intensive care units. Journal of Pain and Symptom Management 50(4):501-506
Comment: The findings reported here are sad and disappointing, given the enormous amount of research on the relationship between religion/spirituality and health (a lot of it coming from Duke), the wide prevalence of spiritual needs in critically ill patients, and often the lack of anyone to address those needs other than the chaplain.

Do Spiritual Patients Want Spiritual Interventions?

Investigators in the Ferkauf Graduate School of Psychology and Albert Einstein College of Medicine in the Bronx, New York, conducted qualitative interviews with underserved cancer patients to get their perspectives on religion and spirituality, the role of religion/spirituality in coping with caner, and patients' interest in spiritual support. Since only the abstract from the study could be retrieved, details are lacking (including the number of participants). **Results**: With regard to patients' categorizations of religion and spirituality, three themes emrged: (1) spirituality closely linked with religiosity; (2) religion as one manifestation of the broader catetory of spirituality; and (3) religion and spirituality completely independent. Regardless of how conceptualized, both religion and spirituality were central to how patients coped with cancer by providing hope and meaning. With regard to spiritual support, some participants were very much in favor of interventions that incorporated their spiritual values, while others said they got enough of this from their religious communities. Researchers recommended the development of spiritually-based interventions NOT be based on the principle "one size fits all."
Citation: Stein EM, Kolidas E, Moadel A (2015). Do spiritual patients want spiritual interventions?: A qualitative exploration of underserved cancer patients perspectives on religion and spirituality. Palliative and Supportive Care 13 (1): 19-25

Comment: Although there is nothing terribly new or shocking reported here, it is important to get the patient's perspective on issues that academics usually assume or debate about, such as whether or not patients want spiritual care and how they understand words like spirituality and religion.

Help for Heroes

Karen O'Donnell from the Department of Theology and Religion at the University of Exeter in the United Kingdom writes about the ancient rituals used by warriors in different societies to cleanse themselves from the impurities acquired as a result of participation in war. She focuses on the sacraments of Reconciliation, the Eucharist, and the Anointing of the Sick as rites used to re-integrate soldiers back into society and recover from the trauma experienced. She discusses the work of military psychiatrist Jonathan Shay who discovered in the Odyssey (an ancient poem by Homer) a parrallel to what warriors face today as they come back home and try to re-integrate into society. Likewise, she describes ancient rituals in Rome used to purge soldiers of impurities, sweat lodge rituals performed by Native Americans for the same purpose, and the instructions in the Bible by Moses on how to treat those who had killed or touched corpses during battle. She concludes by describing the stages of trauma recovery and the rle that sacred rituals (the Eucharist, Confession/Reconciliation, Annointing the Sick) could play in helping our warriors move through those stages toward recovery.
Citation: O'Donnell K (2015). Help for heroes: PTSD, warrior recovery, and the liturgy. Journal of Religion and Health 54:2389-2397
Comment: This is a moving and insightful article that is highly relevant to anyone caring for Veterans or active duty Service Members experiencing moral injury or inner conflict following deployment to a war theater, particularly those with PTSD symptoms.

NEWS

Muslim World Affairs

A new issue of this online newsletter is now available (http://muslimworldaffairs.com/). Articles include "The Qur'anic Concept of God" and "Role of Faith in Mental Health," as well as several other pieces by moderate Muslim health professionals on topics relevant to what is going on in the world today.

SPECIAL EVENTS

14th Annual David B. Larson Lecture

(Duke University North Hospital, Room 2001, Durham, NC, March 3, 2016, 5:30-6:30P)
All are welcome to attend this year's exciting and timely lecture to be given by Rev. Dr Gary Gunderson, whose content is summarized here. Policy, science and reimbursements all point toward a dramatic shift from medical delivery of services one patient at a time to a complementary engagement with factors that influence health over a lifetime on a community scale. This is far more confluent with the Biblical perspective on life, mercy and justice, but poses a different opportunity than the modalities of faith and health that have evolved since Dr. Larson made his fundamental contribution to the field. The "substance of things hoped for" already exists on the ground in North Carolina with the long term work of the General Baptist State Convention, anchored by the public health expertise of Dr. John Hatch, which is influencing the emergence of the recent community collaborations through FaithHealth in Winston-Salem (itself reflecting the well-known "Memphis Model"). Tantalized by a blend of public health, medicine and faith, the question is whether this new way is just new, or signals the possibilities of mercy, maybe even justice. Dr. Gunderson is Vice President for Faith and Health at Wake Forest Baptist Medical Center and is Professor of Public Health Science at the Wake Forest University School of Medicine. He is known for more than two decades of creative work in the field of faith and public health, initially at the Carter Center and Emory School of Public Health, and more recently in Memphis, Tennessee, where his ideas found ground through more than 530 congregational partners, which resulted in lower mortality, cost and dramatically lower hospitalization rates. For more info, go to: http://www.spiritualityandhealth.duke.edu/index.php/scholars/david-b-larson (talk will not be videotaped or recorded).

Other Conferences/Workshops

5th European Conference on Religion, Spirituality and Health

(Gdansk, Poland, May 12-14, 2016)
This "must go" conference will focus on the integration of religion and spirituality into health care and its implications for patients in Europe. The Gdansk Lecture will be held by Prof. Dr. Halina Grzymała-Moszczynska (Poland). Symposia are invited to allow research groups to present their research projects. Keynote speakers include: Julie Exline (Case Western Reserve University), Simon Dein (University College London), Michael B. King (University College London), Kevin Ladd (Indiana University), Vasileios Thermos (University Ecclesiastical Academy of Athens), Stephanie Monod (University of Lausanne), Ulrich Kortner (University of Vienna), and others. Prior to the Conference, a 3-day research workshop will be held on May 8-11 by Dr. Harold Koenig. For more info, go to: http://www.ecrsh.edu.

Conference on Medicine and Religion

(Houston, Texas, March 4-6, 2016)
See website: http://www.medicineandreligion.com/

1st International Congress on Religious/Spiritual Counseling and Care

(Istanbul, Turkey, April 7-10, 2016)
See website: http://mdrk.org/en.

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

(Manchester, UK, May 23-26, 2016)
See website: www.basspirituality.org.uk. For any enquiries, contact Prof. Emeritus Margaret Holloway (m.l.holloway@hull.ac.uk).

2nd International Conference in Spirituality in Healthcare

(Dublin, Ireland, June 23, 2016)
Contact Professor Fiona Timmins (timminsf@tcd.ie).

10th North American Conference on Spirituality and Social Work

(Vancouver, British Columbia, June 23-25, 2016)
See website: http://www.spiritualityandsocialwork.ca/.

13th Annual Duke University Spirituality & Health Research Workshop

(Durham, North Carolina, August 15-19, 2016)
See website: http://www.spiritualityhealthworkshops.org/.

RESOURCES

The Name of God is Mercy (Random House, 2016)

From the publisher: "In his first book published as Pope, and in conjunction with the Extraordinary Jubilee of Mercy, Pope Francis here invites all humanity to an intimate and personal dialogue on the subject closest to his heart—mercy—which has long been the cornerstone of his faith and is now the central teaching of his papacy. In this conversation with Vatican reporter Andrea Tornielli, Francis explains—through memories from his youth and moving anecdotes from his experiences as a pastor—why 'mercy is the first attribute of God.' God "does not want anyone to be lost. His mercy is infinitely greater than our sins," he writes. As well, the Church cannot close the door on anyone, Francis asserts—on the contrary, its duty is to go out into the world to find its way into the consciousness of people so that they can assume responsibility for, and move away from, the bad things they have done... *The Name of God Is Mercy* resonates with this desire to reach all those who are looking for meaning in life, a road to peace and reconciliation, and the healing of physical and spiritual wounds. It is being published in more than eighty countries around the world." Available for $10.27 at: http://www.amazon.com/The-Name-God-Is-Mercy/dp/0399588639.

Religion and Health: The Perspective of Happy Science Medicine (Nova Science, 2015)

From the publisher: "Historically, religion and medicine have been strongly connected… A major reason for the lack of finding any mechanisms may be that religion and health literature provides no unified theoretical or theological basis from which to identify. Thus, to address this gap, Chapter 1 of this book briefly introduces the doctrine of "Happy Science", a religious movement founded by Master Ryuho Okawa in 1986 that has since grown into one of the most influential religious organizations in Japan, with a member base from more than 100 countries worldwide… In Chapter 2, the Happy Science theory on diseases suggests that 70% or 80% of diseases are caused almost exclusively by an individual's state of mind… Chapter 3 explains the treatment theories and methods based on the basic tenets of Happy Science." Available for $78.00 at: http://www.amazon.com/Religion-Health-Perspective-Medicine-Psychology/dp/1634834011.

Mental Health, Spirituality and Religion in the Middle Ages and Early Modern Age (Walter De Gruyter Publisher, Inc, 2014)

From the publisher: "Understanding mental health from a religious, literary, and philosophical point-of-view represents a critical component in current research on alternative approaches to well-being, spiritually and physically. This volume contains a selection of papers drawn from a conference at the University of Arizona in May 2013 addressing all these issues from a variety of perspectives, inviting us to consider them especially through a historical lens." Available for $85.00 (used) at: http://www.amazon.com/Spirituality-Religion-Fundamentals-Medieval-Culture/dp/311036087X.

CME/CE Videos (CSTH, July 2015)

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

Health and Well-being in Islamic Societies (Springer International, 2014)

What exactly do Muslims believe? How do these teachings line up with Christian beliefs? While differences and similarities between Christian and Muslim beliefs and practices are examined, the core of the book focuses on research exploring religiosity and health in Muslim populations. Available for $53.22 at: http://www.amazon.com/Health-Well-Being-Islamic-Societies-Applications/dp/331905872X

Spirituality in Patient Care, 3rd Ed (Templeton Press, 2013)

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

Handbook of Religion and Health (2nd Ed) (Oxford University Press, 2012)

This Second Edition covers the latest original quantitative research on religion, spirituality and health (more than 3300 studies in 2010). Spirituality and health researchers, educators, health professionals, and religious professionals will find this resource invaluable. Available for $132.51 (used) at: http://www.amazon.com/Handbook-Religion-Health-Harold-Koenig/dp/0195335953

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

This book summarizes and expands the content presented in the Duke University's Summer Research Workshop on Spirituality and Health (see above), and is packed full of information helpful in performing and publishing research on this topic. Available for $38.20 (used) at: http://www.amazon.com/Spirituality-Health-Research-Measurements-Statistics/dp/1599473496/

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry (OFI)

The John Templeton Foundation is now accepting new funding requests *at any time of the year* through their OFI form. The next deadline for "small grants" submission is February 29, 2016 [a small grant is considered less than $217,400], with decision made by March 31. The next deadline for "large grants submission" (greater than $217,400) is August 31, 2016. The three main areas in religion, spirituality and health that the Foundation funds are: (1) research on causal mechanisms (basic psychosocial, behavioral, and physiological pathways), (2) increasing competencies of health care professionals in working with religious patients (physicians, but also pscyhologists and experts in public health), and (3) research involving the development of religious-integrated interventions that lead to improved health. More information: https://www.templeton.org/what-we-fund/grantmaking-calendar.

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

2016 CSTH CALENDAR OF EVENTS…

February

24 The Biology of Spirituality: Effects of Oxytocin Administration and Genotype
Speaker: Patty Van Cappellen, Ph.D.
Research Assistant Professor
University of North Carolina at Chapel Hill
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

March

3 Faith and the Health of Complex Human Populations
14th Annual David B. Larson Memorial Lecture
Duke University Hospital North, Room 2001
Speaker: Rev. Dr. Gary Gunderson
Vice President for Faith and Health at Wake Forest Baptist Medical Center
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

18 The Role of Faith and the Holy Spirit in Health and Illness: Research and Clinical Application
Holy Spirit Conference, Regent University
Virginia Beach, VA
Speaker: Harold G. Koenig, M.D., and others
Contact: Diane Chandler (diancha@regent.edu)

30 How Buddhist Beliefs & Practices Support Mental Health among Asian Populations
Speaker: Rev. Sumi Loundon Kim
Buddhist Chaplain, Duke University
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)