CROSSROADS…

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health Volume 4 Issue 8 Feb 2015

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 January 2015) go to: http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads

LATEST RESEARCH OUTSIDE DUKE

Religiosity and Suicidal Tendencies among Jewish Adolescents in Israel

Examining the relationship between religiosity and self-injurious thoughts/behaviors, investigators from Tel Aviv University and the Research Unit at Geha Mental Health Center in Petah Tikva analyzed data from the Israeli National Population Register involving a random sample of 620 Jewish adolescents born between 1987 and 1990. Religiosity was assessed by degree of religiosity: ultra-orthodox, observant, and non-observant, which was categorized into religious [ultra-orthodox and observant] vs. non-religious [non-observant]. Self-injurious thoughts and behaviors were assessed using a standard structured interview, along with depression (corroborated by a psychiatrist). **Results**: 60.2% of adolescents were categorized as religious and 39.8% as non-religious, and 29 of 620 adolescents (5%) had self-injurious thoughts or behaviors. One-third of those with self-injurious thoughts or behaviors also fulfilled criteria for depression. Controlling for depression, adolescents who were religious were 55% less likely to experience self-injurious thoughts or behaviors (OR=0.45, 95% CI 0.20-0.99, p<0.05). No other factors were significant predictors (including gender, parental marital status, number of siblings, education of mother, welfare status, paternal unemployment, or immigration status). Researchers concluded that: "This is the first study demonstrating religiosity to have a direct independent protective effect against self-injurious thoughts and behaviors in Jewish adolescents" (p 509).
Citation: Amit BH, Krivoy A, Mansbach-Kleinfeld I, Zalsman G, Ponizovsky AM, Hoshen M, Farbstein I, Apter A, Weizman A, Shoval G (2014). Religiosity is a protective factor against self-injurious thoughts and behaviors in Jewish adolescents: findings from a nationally representative survey. European Psychiatry 29(8):509-513
Comment: Although the number of adolescents with self-injurious thoughts or behaviors was relatively small (n=29), those who were either ultra-orthodox or observant were less than half as likely to have suicidal thoughts or behaviors compared to the non-observant. Given the systematic selection of respondents by random sampling, the use of standard measures of suicidal thoughts and depression, and analyses that even controlled for depression, these findings are important.

Religious Attendance and Mobility Trajectories in Older Hispanics

Sociologists at the University of Arizona in Tucson and Florida State University analyzed data from the Hispanic Established Populations for the Epidemiologic Study of the Elderly (H-EPESE) over seven waves of data collection performed every two years from 1993 to 2010 involving 2,482 adults age 65 or over. The effect of religious involvement on changes in physical functioning over time was the focus of this report. Religious attendance was measured using a single item in this Hispanic population: "About how often do you go to mass or services?" Responses ranged from "never or almost never" to more than once/week. Functional mobility was measured using the performance-oriented mobility assessment (POMA), which is based on three tasks: standing balance, a timed 8-ft walk, and a timed test of 5 repetitions of rising from a chair and sitting down (total scores range from 0 to 12). Also assessed were depression (CES-D); cognition (MMSE); social integration, engagement, and support; and age, gender, immigrant status, education, and household income. Growth mixture modeling (GMM) was used to estimate classes of POMA trajectories across the 7 waves of data. **Results**: Analyses indicated three classes of mobility trajectories: low (15% of the sample), moderate (37%), and high (48%). Multinomial logistic regression revealed that the likelihood of being classified in the low mobility trajectory (vs. high trajectory) was significantly lower among those who attended religious services (vs. those attending never or almost never). Following a low mobility trajectory was 53% less likely for monthly attendees, 49% less likely for weekly attendees, and 64% less likely for more than weekly attendees, independent of age, gender, immigrant status, education, and household income. Controlling for depression, cognitive function, chronic health conditions, and baseline POMA slightly weakened these associations; further controlling for social factors also affected the association. However, relationships persisted at p<0.05 even after controlling for all covariates in the final model. Researchers concluded that "…religious attendance is associated with favorable mobility trajectories among older Mexican Americans."
Citation: Hill TD, Burdette AM, Taylor J, Angel JL (2015). Religious attendance and the mobility trajectories of older Mexcian Americans: An application of the growth mixture model. Journal of Health and Social Behavior, in press
Comment: This report adds to the growing research showing that attendance at religious services may delay the onset of physical disability in older adults, showing this with objective measures. A number of longitudinal analyses have now demonstrated effects of religious involvement on mobility, dating back to at least 1997 with the work of Idler et al. at Yale. However, this particular report involves highly sophisticated statistical analyses tracking objective changes over nearly 14 years.

Religious Coping in Patients with Epilepsy

Researchers on the faculty of medicine at the Pontificia Universidade Catolica (PUC) de Campinas in Brazil examined religious coping in 110 consecutive outpatients with epilepsy and epileptic syndromes seen at the PUC Neurology Clinic. Participants were 53% Catholic, 36% Evangelical Protestant, 4% other religions, and 9% no religion; mean age was 45.9 years, 55% were female, and average education level was 6 years; 43% were employed, 7% were unemployed, and 31% were students or housewives. Quality of life (QOL) was assessed using the 31-item Quality of Life in Epilepsy Inventory. Spiritual/Religious Coping (SRCOPE) was assessed with an 87-item scale that measured both positive and negative coping behaviors. These were categorized into 12 subscales (8 positive and 4 negative), and the ratio of negative to positive spiritual/religious coping behaviors was calculated (SRC ratio=0.7) and correlated with demographic factors and QOL. A subgroup of participants with focal epilepsy involving the mesial temporal lobe with hippocampal sclerosis was formed (n=32) for comparison with other epileptic syndromes. Psychiatric comorbidity was also determined. **Results**: No significant correlation was found between SRCOPE scores and quality of life, except the SRC ratio was inversely related to emotional well-being ($r=-0.21$, $p<0.05$), energy level ($r=-0.23$, $p=0.03$), and overall QOL score ($r=-0.22$, $p=0.04$). Only one of 12 subscale scores ("actions in search of spiritual help") was significantly more common in those with temporal lobe epilepsy compared to other epileptic syndromes, and there was no difference in SRC scores between TLE patients with left vs. right sclerosis. Researchers concluded that the tendency to use negative (vs. positive) religious coping was associated with lower QOL.

Citation: Tedrus GMAS, Fonseca LC, Magri FDP, Mendes PHM (2013). Spiritual/religious coping in patients with epilepsy: Relationship with sociodemographic and clinical aspects and quality of life. Epilepsy & Behavior 28:386-390

Comment: Although not a major contribution to the literature, this study is one of the few recent reports on spiritual/religious involvement in epileptic patients, particularly those with temporal lobe epilepsy (TLE). Interestingly, there were few differences in spiritual/religious coping between those with TLE and other seizure disorders – despite earlier reports in the literature indicating hyper-religiosity in those with TLE (Geschwind Syndrome).

Genetic Factors Common to Religiosity, Psychiatric Disorder, and Substance Abuse

Researchers in the departments of psychiatry and human genetics at Virginia Commonwealth University (Richmond, VA) examined shared genetic effects between seven dimensions of religiosity, internalizing psychiatric disorders (major depression and phobia), and externalizing substance use disorders (alcohol and nicotine dependence) using data from monozygotic (MZ) and dizygotic (DZ) twins in the population-based Virginia Twin Registry (n=2,621). All participants were white, 58% women, and average age 43 years (range 27-63). The most common religious denominations were Baptist (36.3%), Methodist (21.0%), Catholic (9.2%), Presbyterian (9.1%), and none (9.4%). Twin studies provide evidence for genetic vs. environmental effects on religious characteristics and mental disorders. Religiosity was assessed using a 78-item questionnaire made up of 7 subscales/dimensions. **Results** indicated that religiosity was inversely related to alcohol dependence ($r=-0.18$ to -0.32) and nicotine dependence ($r=-0.14$). These relationships were primarily accounted for by additive genetic factors. In other words, the genetic predisposition to become religious was inversely related to the genetic predisposition toward alcohol or nicotine dependence. Unique environmental factors played little role in these relationships. The findings suggest that the inverse relationship between religiosity and substance abuse is not causal but due to an underlying set of genetic factors that predispose to both low religiosity and higher risk for alcohol or nicotine dependence. While no significant relationship was found between any of the seven religiosity factors and major depression, two diementions of religiosity (unvengefulness and God as judge) were related to phobia. The relationship between unvengefullness and phobia was negative ($r=-0.33$) and explained by additive genetic factors. In other words, the genes that predispose a person to not seek revenge are also protective against developing phobias. The relationship between "God as judge" and presence of phobia was weakly positive ($r=0.12$, $p<0.05$), indicating that belief in a punitive and judgmental God was positively associated with the diagnosis of phobia. However, both genetic and environmental factors explained this relationship, such that while genetic factors predisposed to a positive association between God as judge and phobia, environmental factors attenutated or canceled out this effect. Researchers concluded that the relationships between religiosity and psychiatric or substance abuse disorders in this sample were largely due to shared genetics.

Citation: Vance T, Maes HH, Kendler KS (2014). A multivariate twin study of the dimensions of religiosity and common psychiatric and substance use disorders. Journal of Nervous and Mental Disease 2002:360-367

Comment: This was a large twin study directed by Kenneth Kendler, a well-known psychiatrist studying genetic factors in psychiatric disease. The findings are provocative, but need to be replicated before anyone can conclude that religiosity has no causal relationship to alcohol or caffeine dependence. As the authors admit, personal testimonies and the success of Alcoholics Anonymous suggest that environmental factors also play a role (at least in recovery from substance abuse disorders).

Religious Music and Health in Later Life

Neal Krause and David Hayward at the University of Michigan School of Public Health analyzed data from two waves of interviews conducted with a nationwide sample of older Whites and Blacks in the U.S. The relationship between religious music and health was their focus. The sample consisted of 748 Whites and 752 Blacks over age 65 assessed in 2001 (Wave 1). Wave 2 was conducted 3 years later in 2004 with 1,024 completed interviews; complete data were available on 918 subjects for analysis. Participants had an average age 74.5 years; 36% were men; 50% were White; and average education was 11.5 years. Religious involvement was measured by frequency of religious attendance (number of religious services attended during the year prior to the interview). The primary predictor variable was a 4-item measure of "emotional reactions to religious music" (music in and outside the church), which had a possible range from 4 to 16 (mean 13.7) . Other covariates assessed were social connections (3 items), hope (3 items), self-rated health (2 items), and demographic characteristics (age, gender, education, race). Structural equation modeling was used to analyze the data. **Results** indicated that those with strong emotional reactions to religious music were more likely to feel closely connected to others ($B=0.54$, $p<0.001$), and those who felt closely connected to others experienced higher levels of hope ($B=0.24$, $p<0.001$). Hopefulness, in turn, was related to better self-rated health in cross-sectional analysese at Wave I and Wave II. Blacks were much more likely than Whites to have a strong emotional response to religious music ($p<0.001$). Although race had no relationship with feeling closely connected with others, when indirect effects of race through religious music and attending religious services were taken into account, Blacks had closer connections to others than Whites. In other words, because Blacks attended religious services more often and had a greater emotional responses to religious music, they experienced closer relationships with others than did Whites. Older Blacks were also more hopeful than Whites (total effect $B=-.25$, $p<0.001$), again because they went to church

more often, had stronger emotional reactions to religious music, and felt more closely connected with others. Researchers concluded that "(1) people who attend workship services more often will have stronger emotional reactions to religious music; (2) individuals who are more emotionally involved in religious music will be more likely to feel a close sense of connectedness with other people; (3) people who feel more closely connected with others will be more hopeful about the future; and (4) individuals who feel more hopeful will be more likely to rate their health favorably over time."
Citation: Krause N, Hayward RD (2014). Religious music and health in late life: A longitudinal investigation. International Journal of Psychology and Religion 24(1), doi:10.1080/10508619.2012.761529
Comment: Although a bit complex, given the direct and indirect effects operating here, the overall results make perfect sense. Bottom line is that attending church and enjoying religious music are related to hope and self-rated health in older adults.

Road Rage and Church Attendance

Investigators in Taiwan and the U.S. used survey data to identify a group of frequent church attendees who exhibited road rage. In this paper they characterize such individuals and seek to explain why these two behaviors might be connected. The data used in this report was a nationwide sample of 3,252 Americans (70-80% response rate) who responded to a Market Facts survey conducted by an advertising agency. Respondents had similar characteristics to those responding to the General Social Surveys (GSS). Church attendance was measured by one question (frequency of attendance in the past 12 months). Road rage was assessed with two questions: (a) "gave the finger" to someone while driving and (b) flashed headlights at another motorist when bothered by their behavior (frequency in past 12 months for both). These two items were summed to create a road rage index.
Results: Seven categories of church attendance and five categories of road rage were identified and cross-tabulated (χ^2=102.4, p<0.001). Seven groups were then formed based on the combination of responses given: (1) no church attendance or road rage (n=442 or 13.6%); (2) occasional church attendance, but no road rage (n=783 or 24.1%); (3) church every week and no road rage (n=516 or 15.9%); (4) some road rage (n=1,341 or 41.2%); (5) no church, but extreme road rage (20 or more times annually) (n=58 or 1.8%); (6) church sometimes and extreme road rage (n=94 or 2.9%); and (7) church weekly and extreme road rage (n=18 or 0.55%). Those in category #7 were 78% male, average age was 36.8, and two-thirds were married. Interestingly, they (#7) were equally likely to report that religion was important in life as those attending religious services weekly without road rage (#3). However, compared to attendees without road rage, they (#7) were less likely to send a greeting card in honor of an event in someone's life, somewhat less likely to do volunteer work, much more likely to rent an X-rated movie, more likely to advocate for the death penalty, and more likely to say they would do better than average in a fist fight. Household income, marital status, and education level were about the same, although a higher proportion tended to be working in sales (33% of #7 vs. 4% of #3). Investigators explained that individuals in #7 had high ambitions and expectations, but were frustrated persons with aggressive tendencies, and often justified their behavior by thinking they were teaching or directing others to drive more safely.
Citation: Gau LS, Woodside AG, Martin D (2015). Explaining seemingly paradoxical consumer experiences: Conjoining weekly road rage and church attendance. Journal of Religion and Health 54:93-111
Comment: Quite a study. The percentage of those who attended church and had no road rage (40.0%) was greater than the percentage of those who attended church and had extreme road rage (3.4%). Furthermore, there were amost three times as many people who attended church weekly and had no road rage than people who attended church weekly and had extreme road rage (1.78% vs. 0.55%). Investigators concluded that "Frequent church attendance may help make people more sensitive to their wrongdoings and gradually revise the anti-social behavior."

Integrating Spirituality into Medical Curriculum

Faculty at the Kansas City University's School of Osteopathic Medicine describe their development of a spirituality curriculum for medical students administered to 250 students between 2010 and 2011. The curriculum was based on the compentencies required by the American Association of Medical Colleges (AAMC) published in 2009 and on feedback from medical school applicants and enrolled students. The focus of the curriculum was on training students to (1) be sensitive to patients' spiritual and cultural needs; (2) assess patients' spiritual needs, as well as being aware of their own; (3) appropriately use chaplain services to address patients' spiritual needs; and (4) increase their understanding of the effects that health disparities and ethical issues have on patient care. Challenges to implementation and modifications to the curriculum are also discussed, as well as efforts to sustain the program beyond the years supported by the Templeton Foundation grant. Unintended benefits of the program were also described, including the formation of partnerships with local and national organizations, hospitals and schools.
Citation: Talley JA, Magie R (2014). The integration of the "Spirituality in Medicine" curriculum into the osteopathic communication curriculum at Kansas City University of Medicine and Biosciences. Academic Medicine 89 (1):43-47
Comment: Nice description of how faculty at a medical school developed a curriculum to integrate spiritualit into medical student teachings, the problems encountered, the adjustment needed, and the consequences. Should provide guidance for faculty with similar goals at other medical schools in the U.S. and abroad.

Religion/Spirituality and Speech-Language Pathology

Australian investigators review the literature on spirituality, health and well-being specific to speech and language pathology (SLP), finding very little systematic research. They encourage the assessment of religion/spirituality in this discipline and suggest measures that could be used in screening (by medical, nursing, allied health, and chaplain practitioners), and advocate for more research in this area and for the inclusion of R/S in training curricula.
Citation: Mathisen B, Carey LB, Carey-Sargeant CL, Webb G, Millar CJ, Krikheli L (2015). Religion, spirituality and speech-language pathology: A viewpoint for ensuring patient-centred holistic care. Journal of Religion and Health, January 14 [E-pub ahead of print]
Comment: This is a fine review of research and articles on the identification and addressing of R/S issues in speech and language pathology, an clearly neglected area despite the impact that cultural and linguistic issues have on treating those with SLP.

Religious/Spiritual Issues in Group Psychotherapy

Researchers at Iowa State University discuss here what to do when religion/spirituality (R/S) issues come up during group psychotherapy. To illustrate, they describe therapy conducted in a group of seven outpatient ages 31-58 seeking help with eating disorders, depression, anxiety and relationship distress. Two co-leaders and one process observer managed the group. The group therapy was general, nonthematic, and not focused on addressing R/S. All 28 sessions were videotaped, and if participants brought up religion or spirituality in a session, which occurred in 10 sessions, the sessions were transcribed and reviewed by researchers. Results indicated three lessons learned: (1) how to

decide when to address and when not to address R/S issues brought up by clients; (2) how to manage conflict that arises between group members during the discussion of R/S issues; and (3) how to deal with R/S issues effectively as part of the group process. Based on a review of the literature and the experience gained here, researchers provide guidelines on how to address R/S issues during group psychotherapy.
Citation: Wade NG, Post BC, Cornish MA, Vogel DL, Runyon-Weaver D (2014). Religion and spirituality in group psychotherapy: Clinical application and case example. Spirituality in Clinical Practice 1(2):133-144
Comment: Wade and Post are experienced therapist who have written many articles on integrating religion into individual psychotherapy and published a number of research studies examining how and when to do this. This article extends their work to group psychotherapy. The guidelines provided here will be useful for clinicians seeking to address R/S in group format, as well as for researchers seeking to develop group psychotherapy interventions that utilize clients' religious beliefs in the therapy.

NEWS

David B. Larson Fellowship in Spirituality and Health

Jason Steinhauer at the U.S. Library of Congress announced this month the opening of applications for the fellowship: "The John W. Kluge Center at the Library of Congress is delighted to announce we are currently accepting applications for the David B. Larson Fellowship in Health and Spirituality. The deadline is April 17, 2015. This post-doctoral fellowship is designed to continue Dr. Larson's legacy of promoting meaningful, scholarly study of these two important and increasingly interrelated fields. The Fellowship seeks to encourage the pursuit of scholarly excellence in the scientific study of the relation of religiousness and spirituality to physical, mental, and social health. The Fellowship provides an opportunity for a period of six to twelve months of research in the at the Library of Congress through residency in the Library's John W. Kluge Center. The stipend is $4,200 per month…We encourage you to visit our website to see full eligibility and application details at http://www.loc.gov/kluge/fellowships/larson.html."

Theology, Medicine and Culture Fellowship

The Duke Divinity School is now accepting fellowship applications from "students and practioners in health professions, as well as others with full-time vocations to health-related contexts, to participate in a program of theological formation that will equip them for faithful, disciplined, and creative engagement with contemporary practices of health care…TMC Fellows will study in one of the residential master's degree programs of Duke Divinity School (MACS, MTS, MDiv, ThM), and will combine this academic study with structured mentorship, retreats and seminars, and church and community-based practica. Through special grant support, the Fellowship will offer students tuition grants of at least 50 percent for the first year of study with additional scholarship support available on a competitive basis." Application deadline is **March 1, 2015**. For more information go to: http://sites.duke.edu/tmcfellowship/.

Newsletter Psyche & Spirit

The Section on Religion, Spirituality and Psychiatry of the World Psychiatric Association (WPA) now has a 15-page e-newsletter that focuses on issues related to religion and psychiatry from around the world. In this issue, a selection of Abstracts from the 2014 WPA World Congress is presented, as well as updates on religion and psychiatry in the German speaking world (by Samuel Pfeifer) and in Brazil (by Giancarlo Lucchetti). For more information, go to: http://www.religionandpsychiatry.com/newsletter/.

SPECIAL EVENTS

13th Annual David B. Larson Memorial Lecture

(Rm 2001 Duke Hospital North, Durham, NC, Mar 3, 2015, 6:00-7:00P)
This year's speaker is **David R. Williams**, the Florence Sprague Norman and Laura Smart Norman Professor of Public Health at the Harvard School of Public Health (HSPH) and Professor of African and African American Studies and of Sociology at Harvard University. According to Dr. Williams, "This presentation will provide a brief overview of the association between religious attendance and health. It is widely recognized that religious attendance is the religious variable that is most consistently predictive of health. However, our understanding is limited regarding the mechanisms and pathways that link participation in religious services to good health. The presentation takes a detailed look at two empirical attempts to identify *why* religious *attendance* was associated with better health. One focused on mortality and the other on mental health outcomes. Both analyses found that even after all potential mediators were considered, there was a significant residual relationship between attendance and health. The presentation concludes with promising directions for future research that seeks to get a clearer understanding of exactly what it is about religious attendance that can lead to enhanced health and well-being." The lecture is free and open to the general public. The presentation *will not* be recorded. For more info, see website: http://www.spiritualityandhealth.duke.edu/index.php/scholars/david-b-larson.

4th Annual Conference on Religion and Medicine

(Hyatt Regency, Cambridge, March 6-8, 2015)
According to the conference program, "Contemporary western culture divides care of the soul from care of the body, apportioning the former to religious communities and the latter to medicine. The division of spiritual and material care of the human person has allowed us to meet many clinical needs efficiently, but it has also wrought unwanted outcomes, including increased mechanization of care and isolation in the experiences of illness and dying. Remedying this situation will require reengaging some critical questions: In what sense is illness a spiritual and/or religious experience? How should particular spiritual and religious needs of patients be addressed and by whom? What is at stake and what is experienced, spiritually, among those who care for patients? How may the powerful social and intellectual forces that continue to dehumanize the patient experience and the practices of health care be overcome? What do religious traditions teach us about these questions?" Conference conveners invite students, health care practitioners, scholars, and religious leaders to take up these questions and discuss their implications for contemporary medicine, doing so with reference to religious traditions and practices, particularly those of Judaism, Christianity, and Islam. For more information, go to: http://www.medicineandreligion.com/.

Emerging Tools for Innovative Providers 2015: Spiritual Transformation Impact & Outcomes

(Pasadena, California, July 27-31, 2015)
This 5-day workshop at *Fuller Theological Seminary* (about 25 minutes from Hollywood) has become the premier event in the U.S. that focuses on integrating spirituality into patient care. During the workshop, participants from different backgrounds develop both a broad vision of the role that spirituality plays as a health or mental health determinant and also specific applications that they can implement into their own practice, discipline, and workplace. To achieve this goal, teams will form on Monday,

continue to work in mentored settings at designated times throughout the week, and then report back their accomplishments on Friday. Explore how the significant accumulation of spirituality and health research over the last 25+ years translates into useful applications for healthcare and other human services providers. Participants will work with leaders in the field to integrate findings from spirituality and health research into clinical practice, including medical practice, psychology, sociology, and education. Faculty this year include Stephen Post, Alexis Abernethy, Sheryl Tyson, Lee Berk, Douglas Nies, Bruce Nelson, Steven Cole, Robert Emmons, and Harold Koenig. For more information, go to website: https://www.adventisthealth.org/glendale/pages/emerging-tools-for-innovative-providers-registration.aspx.

12th Annual Duke Spirituality & Health Research Workshop (Durham, NC) (August 10-14, 2015)

Now is the time to register for a spot in our 2015 summer 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 is now being done. Those with any level of training or exposure to the topic will benefit from this workshop, from laypersons to graduate students to seasoned researchers and professors at leading academic institutions. Over 700 persons from all over the world have attended this workshop since 2004. Individual mentorship is being provided to those who need help with their research or desire career guidance (early registration required to assure mentorship). Partial **tuition scholarships** will be available for those with strong academic potential and serious financial hardships. For more info, see website: http://www.spiritualityhealthworkshops.org/.

RESOURCES

New Comprehensive Measure of Religiosity

We have developed a 10-item measure that is highly sensitive and accurate in measuring the major dimensions of religious commitment (*Belief into Action Scale* or BIAC). Although originally designed for monotheistic religions (Christianity, Judaism, and Islam), the scale is now being tested for use in Eastern religions as well (study of college students and community-dwelling adults in China). The psychometric properties of the measure are solid, with a score range from 10 to 100, high internal reliability (Cronbach alpha=0.89), high test-retest reliability (ICC=0.92), strong convergent validity with other measures of religiosity (r=0.77 with Hoge's intrinsic religiosity scale), good discriminant or divergent validity (indicating very little or no contamination by indicators of mental, social, or physical health), high factor analytic validity (a single underlying factor that explains 94.4% of the variance), and strong predictive validity (correlates inversely with perceived stress, caregiver burden, depressive symptoms, and positively with social support). The measure is highly sensitive, and correlations with health outcomes are about twice as strong as those obtained with the Duke Religion Index (DUREL). To obtain a copy of the scale, go to: http://www.spiritualityandhealth.duke.edu/index.php/publications/research-publications. The publication that documents the psychometric properties of the scale is available for free download at http://www.scirp.org/Journal/PaperInformation.aspx?PaperID=53453#.VMI6jC7lx1x.

Citation: Koenig HG, Nelson B, Shaw SF, Al-Zaben F, Wang Z, Saxena S (2015). Belief into Action Scale: A brief but comprehensive measure of religious commitment. Open Journal of Psychiatry **5** (1):66-77. doi: 10.4236/ojpsych.2015.51010.

Health and Well-being in Islamic Societies

(Springer International, 2014)

As ISIS marches across the Middle East, conducting ethnic cleansing, beheading Westerners, and rewarding their soldiers with women they've captured along the way –justifying these activities by pointing to the Qur'an – what exactly do Muslims believe? What is contained in and emphasized in the Qur'an? In this volume, Muslim beliefs and practices based on the Qu'ran and Hadith are outlined in detail, as are health-related Islamic practices and moral standards. Differences and similarities between Christian and Muslim beliefs and practices are examined. Much of this information will be a real eye-opener to readers. The core of the book, though, focuses on research on religiosity and health in Muslim populations and compares the health of Muslims with that of other religious groups. Available for $57.73 (used) 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 by identifying and addressing the spiritual needs of patients. Chapters are targeted to the needs of physicians, nurses, chaplains and pastoral counselors, 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. Spirituality and health researchers, educators, health professionals, and religious professionals will find this resource invaluable. Available ($124.31, 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 ($39.96) at: http://templetonpress.org/book/spirituality-and-health-research.

JOBS

Columbia University (NYC) Research Position

Myrna Weissman just recently announced a new position that is immediately available. Funded by a grant from the Templeton Foundation, her research group is continuing their study of the effects of religion and spirituality on brain function and clinical outcome (see January 2014 issue of JAMA Psychiatry). She is eager to hire a young. energetic, ambitious PhD with experience publication and scientific interest in this areas who would act as project coordinator. There is an opportunity to undertake independent analysis, publication of the data and to build a career in this areas. They have an expert team of people in imaging and ERG researchers who would collaborate and assist in writing up this portion, and have excellent statistical and analytic support. Dr. Weissman's team wants to start ASAP since they are going to collect new data on the range of religious experiences as well as to analyze our existing data from the three generation study. Columbia is an excellent place to work and NY an exciting place to

live. Those with these qualification please should send their CV to Dr. Weissman (WEISSMAN@nyspi.columbia.edu).

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry (OFI)

The Templeton Foundation is now accepting letters of intent for research on spirituality and health between February 2, 2015 - April 1, 2015. If the funding inquiry is approved (applicant notified by May 1, 2015), the Foundation will ask for a full proposal that will be due September 1, 2015, with a decision on the proposal reached by December 21, 2015. 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.

Inititative on Hope & Optimism: Conceptual and Empirical Investigations

The University of Notre Dame and Cornell University received a $4.5 million grant from the John Templeton Foundation to stimulate the field of hope and optimism. This project explores the theoretical, empirical, and practical dimensions of hope, optimism, and related states. Initiatives include $450,000+ for residential, non-residential and dissertation fellowships in philosophy; $450,000+ for residential, non-residential and dissertation fellowships in the phylosophy of religion; $1.4 million in research funding (psychology and sociology); a $50,000 playwriting competition; and a $10,000 amateur video competition. For more information, go to: http://hopeoptimism.com/.

2015 CSTH CALENDAR OF EVENTS…

February

5-7 Religion, Spirituality and Health: Integrating into Patient Care
Adventist Health System, Orlando, FL
Speaker: Koenig
Contact: Janet Griffin (Janet.Griffin@ahss.org)

25 Bolstering Healthcare Chaplaincy through Research
Speaker: Annette Olsen, MDiv, BSSW, BCC
Senior Chaplain and CSU Spiritual Care Manager (Neuro/Women/Children)
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

March

3 Religious Attendance and Health: Findings, Questions and Directions
Speaker: David R. Williams, Ph.D.
Florence Sprague Norman & Laura Smart Norman Professor of Public Health; Professor of African and African American Studies and of Sociology, Harvard University
Duke North, Room 2001, 6:00-7:00P
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
For more info:
http://www.spiritualityandhealth.duke.edu/index.php/scholars/david-b-larson

25 A Diagnosis of the Allergy to Science in Seminaries
Speaker: Nick Carter
President Emeritus, Andover Newton Theological Seminary
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

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