CROSSROADS…

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health Volume 2 Issue 5 November 2012

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

All e-newsletters are archived on our website. To view previous editions (July 2007 through October 2012) go to: http://www.spiritualityandhealth.duke.edu/publications/crossroads.html

LATEST RESEARCH OUTSIDE DUKE

Religious Coping, Emotional Functioning, and Obesity

Researchers at Columbia University, Harvard, and University of Maryland joined up to examine the relationship between religious coping, obesity, and emotional functioning in a convenience sample of 212 Jews from Orthodox, Conservative, and Reform traditions via an anonymous Internet-based survey. The average age of the sample was 42 years, 74% women, and average body mass index (BMI, based on weight and height) was 28, with normal being 19 to 25. Emotional functioning was assessed using a standard 12-item scale, and religious coping was measured using the 12-item Jewish Religious Coping Scale (JCOPE). Besides BMI, also assessed were age, gender, smoking status, and level of physical activity. Uncontrolled correlations indicated that BMI and emotional functioning were negatively correlated ($r=-0.20$, $p<0.005$), whereas religious coping was unrelated to either emotional functining or BMI. However, among those who scored low on positive religious coping, BMI was strongly and inversely related to emotional functioning ($B= -0.32$, $p<0.001$), whereas among those who scored high on positive religious coping, the relationship between BMI and emotional functioning was not significant ($B=+0.03$, $p=0.78$). After controlling for age, smoking, physical health, and level of physical activity, the moderating effect of religious coping actually increased in significance and size.

Citation: Pirutinsky S, Rosmarin DH, Holt CL (2012). Religious coping moderates the relationship between emotional functioning and obesity. Health Psychology 31:394-397

Comment: Obesity is a well-known correlate of poor emotional functioning. This study, however, shows that among Jews who score high on positive religious coping, heavier weight is not associated with worse emotional functioning (although quite the opposite for those who score low on positive religious coping). These results emphasize the importance of examining how religious involvement interacts with other variables in its relationship to health, even when researchers find no direct relationship between religiosity and health outcomes.

Older Mexican Americans and Volunteer Work at Church

University of Michigan researchers examined the relationship between religion and volunteering in a nationwide survey of 1005 retired Mexican Americans over age 65, of which 663 participants answered a question about volunteering at church (those who attended religious services fewer than once or twice a year were not asked this question). Volunteering was assessed with a single question: "Some churches have programs to help people in need, such as food banks or programs that provide shelter to the homeless. Other than giving donations of money, food, or clothing, how often do you spend time working in this type of program in your church?" Religious variables assessed were religious affiliation (77% Catholic), frequency of religious attendance, degree of church-based spiritual support (4 items), and degree of religious commitment (3 items). Controlled for were age, gender, and education. With regard to religious affiliation, Evangelical/Pentecostals (22% of the sample) were more likely to volunteer, more likely to have high religious commitment, more likely to have high spiritual support, and more likely to attend religious services (all $p<0.001$). Frequency of religious attendance was not related to volunteering, either in Evangelicals or Catholics. However, among Evangelicals (but not Catholics), spiritual support was related to greater volunteering, and among both Evangelicals and Catholics, religious commitment was related to greater volunteering (stronger in Evangelicals). Researchers concluded that the impact of religious commitment plays a greater role in volunteering than either spiritual support or religious atendance.

Citation: Krause N, Hayward RD (2012). Volunteer work in the church among older Mexican Americans. Cultural Diversity and Ethnic Minority Psychology 18(3):277-284

Comment: In this study, religious commitment, i.e., religiosity, trumped all other indicators of religious involvement (including religious attendance and spiritual support from other congregants) in its "effects" on volunteering, an activity known to be related to a host of positive mental and physical health outcomes.

Religious Attendance, Race and Depression

Researchers analyzed data from a random sample of 1,489 adults (59% African-American) residing in a low-income urban area of Southwest Baltimore, Maryland. The research question was as follows: Can religious attendance could explain the lower rates of depression in African-Americans (vs. White Americans)? Religious attendance was measured using a single question, "How often do you go to religious services?" (with responses ranging from 1 "never" to 6 "more than once a week). Depression was assessed using the PHQ-9, which assesses nine symptms of major depression; those who indicated that they experienced four or more depressive symptom more than half the days or nearly every day were categorized as depressed and compared to those having less than four symptoms of depression. Covariates included age, income gender, martial status, education, presence of chronic illness, obesity, self-rated health, drinking, and smoking. African-Amercians experienced significantly lower rates of depression than Whites (10.1% vs. 15.4%), and attended religious services significantly more often than Whites (30.4% vs.18.0% weekly or more often). Regression analysis showed that African-Americans were 38% less likely than whites to be depressed (OR=0.62, 95%

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CI 0.45-0.85). When controlled for demographics, health behaviors, and chronic illness, the relationship slightly weakened to 32% (OR=0.68, 95% CI 0.47-0.97); however, when controlling for religious attendance, the relationship lost its significance entirely (OR=0.76, 95% CI 0.52-1.11). Investigators concluded that religious attendance may serve as a protective factor against depression in this low-income urban environment.
Citation: Reese AM, Thorpe RJ, Bell CN, Bowie JV, LaVeist TA (2012). The effect of religious service attendance on race differences in depression: Findings from the EHDIC-SWB study. Journal of Urban Health: Bulletin of the New York Academy of Medicine 89:510-518
Comment: Despite the many challenges of health disparities, racism, and economic stress that African-Americans face, depression rates are nearly one-third lower in this racial group compared to Whites. The study suggests that the church plays a big role in explaining that difference, doing so by providing social support, direction, and guidance on relationships and living that may help to neutralize those stressors.

Religiosity, Authoritarianism, and Psychotherapy in Older Adults

Researchers at Columbia University in New York City conducted interviews with 307 community-dwelling adults ages 65 to 82, seeking to determine whether attitudes of older adults toward psychotherapy are influenced by religiosity and authoritarianism. The sample consisted of 157 Protestants, 66 Jews, 55 Catholics, 24 other denominations, and 5 with no religious affiliation; 53% were Black and 65% were women; mean age was 74; and 28% had education beyond high school. Attitudes toward psychotherapy included perceived need, toleration of stigma, interpersonal openness, and confidence in mental health practitioners (assessed using the Attitudes Towaard Seeking Professsional Psychological Help Scale). Religiosity was assessed using the 10-item Hoge intrinsic religiosity scale. Authoritarianism was assessed using the Right Wing Authoritarianism Scale (which assesses the degree to which one believes that rules and laws should be followed without question, openness to alternative points of view, and submissiveness to authority). Authoritarianism was moderately correlated with religiosity (+0.36). After controlling for gender, race, religion, education, social support, and psychic distress, researchers found that authoritarianism was related to less perceived need for psychotherapy, less interpersonal openness, and less confidence in mental health professionals. Similarly, even after controlling for authoritarianism, religiosity was associated with less perceived need for psychotherapy, less tolerance of stigma, and less interpersonal openness, but was unrelated to confidence in mental health professionals.
Citation: McGowan JC, Midlarsky E (2012). Religiosity, authoritarianism, and attitudes toward psychotherapy in later life. Aging & Mental Health 16(5):659-665
Comment: Given the long history of antagonism between religion and psychiatry, not helped by Freud's characterization of religion as an obsessional neurosis, it is not surprising that religious older adults would have a skeptical view of secular psychotherapy. Note also that religiosity was moderately related to authoritarianism in this study. Much emphasis has been placed on the association between religiosity and authoritarianism in the past -- that is, until research showed that the measure used to assess authoritarianism, i.e., the Right Wing Authoritarianism Scale, is actually contaminated by conservative religious values, ensuring a positive (tautological) relationship between these two constructs (see Watson et al. *Journal of Psychology & Theology* 2003*; 31*(4), 315-328).

Muslim Religious Values and Healthcare Accomodations

In a qualitative report, researchers from the Department of Medicine at the University of Chicago sought to identify healthcare accommodations requested by American Muslims. The hope was that cultural competency programs would lead to: (1) greater understanding of Islam and Muslim culture, (2) strengthening patient-provider relationships, (3) making providers more aware of Muslim values and practices, and (4) improving Muslim experiences within healthcare systems so as to reduce barriers and address challenges. Thirteen focus groups were conducted in the greater mteropolitan Detroit area (one of the largest American Muslim populations in the U.S.) with adults at seven mosques with groups ranging in size from 4 to 12 participants. Groups lasted about 1.5 hours and were segmented by gender and language. A list of healthcare accomodations was generated and each participant was asked to decide on the top three from that list as being most important for Muslim patients. Results of the research identified three key healthcare accommodations: gender concordant care (healthcare provided by a person of the same gender); halal food (adhering to Islamic dietary regulations that prohibit pork consumption, follow guidelines for ritual slaughter, and extend to non-food items such as medications); and a neutral space for prayer (access to a prayer room that would help to avoid healthcare interruptions during 5-times per day prayer times). Other suggestions included making prayer rugs available to patients and marking direction towards Mecca so that they could face that way during prayer.
Citation: Padela AI, Gunter K, Killawi A, Heisler M (2012). Religious values and healthcare accommodations: Voices from the American Muslim Community. Journal of General Internal Medicine 27:708-715
Comment: Cultural competence and patient-centered care are the buzz words in healthcare settings today, since they have the potential to afffect healthcare-seeking patterns and address population-level healthcare disparities. To provide culturally competent care means identifying the religious/spiritual beliefs and needs of patients related to their healthcare, and then accommodating the environment to meet those needs. This is true for Muslims and for members of the other world religions as well.

Religion and Non-Marital Sexual Behavior

Investigators at the City University of New York analyzed cross-sectional individual level data from 90 developed countries (n=418,140) and country-level data (percentage of religious groups in each country) (n=31) to examine the influence of religion on sexual behaviors outside of marriage. Pre-marital and extra-marital sex were individual level outcome variables in this analysis. Hierarchical linear models were used to analyze both individual and country level data within the same model. Control variables at the individual level were age, level of education, number of children, working status, marital status, gender, and aged married. Control variables at the country level were population, development index, religious diversity, female mobility, and survey year. Results indicated that compared to Christians, Muslims were significantly less likely to report pre-marital sex (nearly 50% less likely), as were Hindu's and surprisngly those with no religion. In contrast, Buddhists and Jews were more likely than Christians to report pre-marital sex. Among those married, Muslims and Hindus were also less likely to report extra-marital sex than most other religions. Religious affiliation was the only variable available in these datasets, so the findings may or may not apply to level of individual religiosity.
Citation: Adamczyk A, Hayes BE (2012). Religion and sexual behaviors: Understanding the influence of Islamic cultures and religious affiliation for explaining sex outside of marriage. American Sociological Review 77(4):723-746
Comment: Sexual behaviors in this study were measured by self-report, so under-reporting may have influenced the findings. However, the investigators examined the influence that social desirability had on reports of sexual activity, and found that Muslims and Hindus were if anything *less prone* to social

desirability bias compared to other religions. Still, extra-marital sexual activity is a pretty sensitive topic to admit to openly, especially for those affiliated with religions that strongly prohibit that activity.

Pornography, Religion and Happiness

Researchers at Cornell University and Brigham Young University analyzed data from the U.S. General Social Surveys conducted between 1973 and 2006 (n=29,424) to determine whether the "cost" of using pornography is greater among those who are more religious. Cost was measured by the "happiness gap" (i.e., the gap between level of happiness between those who do and do not use pornography). Two religious variables were measured: attendance at religious services and religious affiliation. Happiness was measured using a single question. Pornography was assessed with a question that asked if respondent had viewed an X-rated movie in the last year. Results indicated that, after controlling for age, race, education, denomination, marital status, and whether respondent had children, religious attendance was inversely related to pornography ($p<0.01$). Men who attended religious services regularly were 56% less likely to report seeing an X-rated movie in past year (women were 49% less likely). The interpretation of this cross-sectional finding was that (1) attending religious services reduces pornography use, (2) those who don't use pornography are more likely to attend religious services, or (3) under-reporting of pornography use by those attending religious services. Being an evangelical Protestant was related to less pornography use compared to Catholics, Jews, and those with no religious affiliation ($p<0.01$). When the "cost" of pornography use was examined between regular church attendances and others, men who regularly attended religious services and used pornography were 19% less likely to be very happy compared to those who used pornography but did not attend religious services. The happiness gap was even larger among women (26%), and in members of religious groups with the strongest opposition to pornography use (i.e., evangelical and mainline Protestants).
Citation: Patterson R, Price J (2012). Pornography, religion, and the happiness gap: Does pornography impact the actively religious differently? Journal for the Scientific Study of Religion 51(1):79-89
Comment: Is this report simply another study that documents the obvious? More than that, I believe. The study provides a clue to help explain similar reports in the religion-health literature. For example, why do some studies (6% of 444 studies) find greater depression among those who are more religious/spiritual? Those studies often involve populations that are stressed by family or sexual problems, issues that are very important to religious persons given the high family/moral standards they are trying to live up to. Because problems in these areas may be more likely to upset the highly religious, greater religiosity is associated with more depression and unhappiness. In contrast, religiosity is associated with lower depression and greater happiness in the vast majority of studies involving people who are facing external stressors, such as health and financial problems (also see Strawbridge et al. Journal of Gerontology 1998; 53(3):S118-126)

Religiosity and Heavy Alcohol Use Among Adolescents

Investigators at the University of Maryland and Friends Research Institute in Baltimore, MD, analyzed data from the 2007 National Survey on Drug Use and Health that included a random sample of 14,556 adolescents ages 12 to 17. The aim was to examine the relationship between religiosity, recent heavy alcohol use, and social norms. Religiosity was assessed using a 4-item scale consisting of importance of religious beliefs, influence of religious beliefs on life decisions, importance of sharing religious beliefs with friends, and frequency of religious attendance. Recent heavy alcohol use was defined as consuming five or more alcoholic drinks within a couple hours on at least one occasion within the past 30 days (definition of "binge" drinking by the U.S. Substance Abuse and Mental Health Services Administration). Reference group norms were measured by adolescent agreement with the statements (1) *parents* would "strongly disapprove" of the respondent having 1-2 drinks of alcohol nearly every day (vs. "somewhat disapprove" or "neither approve nor disapprove"), and (2) *close friends* would strongly disapprove of respondent having 1-2 drinks of alcohol nearly every day. Controlled in the analyses were age, gender, race, academic performance, perceived drinking pattern of school peers, parent-child communication, and degree of support received from parents. Results indicated that religiosity was strongly and inversely related to recent heavy alcohol use ($p<0.001$, after controls and with both reference group norms in the model). Overall, 18% of the effect of religiosity was explained by parent norms and 28% by close friends' norms, leaving 54% to be explained by unknown variables (or religiosity itself).
Citation: Gryczynski J, Ward BW (2012). Religiosity, heavy alcohol use, and vicarious learning networks among adolescents in the United States. Health, Education & Behavior 39 (3): 341-351
Comment: Our systematic review of the literature on alcohol use, abuse, and dependency identified 278 quantitative original peer-reviewed reports on the relationship with religiosity (Handbook of Religion and Health, 2nd ed, 2012). Of those, 240 (86%) studies found a significant inverse relationship -- like the study above. The unique contribution of this study is that it helps to identify some of the mediators of this effect, including the role that reference group norms (parents and close friends) play.

Religiosity and Coping with Loneliness in Israel

Researchers at the Center for Academic Studies at York University in Toronto and Queen's University in Ontario examined the differences in coping with loneliness between secular, conservative, and orthodox Jews in Israel. Participants were a convenience sample of 28 secular, 54 conservative, and 168 orthodox Jews (mean age 39, 58% women, mean education 15 years). Investigators administered a 34-item "Loneliness Questionnaire" that did not actually assess loneliness but rather examined methods found helpful in coping with loneliness. The questionnaire (developed by the authors) consisted of six ways of coping: (1) reflection and acceptance, (2) self-development and understanding, (3) social support network, (4) distancing and denial, (5) increased activity (alone or in a group), and (6) religion and faith. The religion/faith subscale consisted of five items that focused on "the need to connect to and worship a Divine entity" through prayer and religious attendance. After controlling for age, sex, and marital status, investigators found no difference between secular, conservative, and orthodox Jews on ways of coping with loneliness, except on the religion/faith subscale, which was understandably higher in conservative and orthodox vs. secular Jews.
Citation: Rokach A, Chin J, Sha'ked A (2012). Religiosity and coping with loneliness. Psychological Reports 110(3): 731-742
Comment: Unfortunately, this study did not measure and compare levels of loneliness between secular, conservative, and orthodox Jews, and it really isn't that surprising that conservative and orthodox Jews are more likely than their secular counterparts to use religious ways of coping with loneliness. However, it is interesting that there were no differences in reflection and acceptance, self-understanding, social support, distancing/denial, or increased activity between the three religious groups.

NEWS

International Journal of Social Science Studies (IJSSS)

IJSSS is an online scholarly journal, peer-reviewed and published by Redfame Publishing. They have announced a call for submissions for the inaugural issue (Vol. 1, No. 1, April 2013). *They have indicated that the journal is particularly open to*

submission of research on religion, spirituality and health. The journal's profile and website for submiting manuscripts online can be found at: http://www.redfame.com/ijsss.

SPECIAL EVENTS

Patients Spiritual and Religious Support Conference

In one of the first religion/spirituality and health conferences to be held in Saudi Arabia, supported by the King Fahad Medical City and Islamic Medical Association of North American, researchers and health professionals are being asked to submit abstracts for presentation (due **November 15, 2012**). The event will be held in the King Fahad Medical City main auditorium in Riyadh on January 1-3, 2013. The targeted audience includes religious counselors, spiritual support health professionals, patient affairs and patient relations staff, psychiatrists, social workers, physicians, nurses and all other health care providers (including students). For more information, contact Ms. Azzah Al-Shehri, the *Patients Spiritual And Religious Support Scientific Committee Coordinator*, at aalshihri@kfmc.med.sa.

2nd National Conference on Medicine and Religion

Sponsored by the Program on Medicine and Religion at the University of Chicago, the Conference provides a forum for scholars and health care professionals to ask what it means to care and how religious traditions and practices – particularly those in Judaism, Christianity, and Islam – inform possible answers to this question. It is being held on May 28-30, 2013, at the Westin Michigan Avenue in Chicago. Keynote speakers include Najah Bazzy, RN, David Novack, PhD, Warren Reich, PhD, and John Swinton, PhD. Abstracts for 60-minute panel sessions, 20-minute paper presentations, and posters on the intersection between religion and medicine are due no later than **December 17, 2012**. To submit an abstract or obtain more information, go to http://pmr.uchicago.edu/2013-conference.

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

Spiritual/Religious Issues in Behavior Change Special Interest Group (SIG)
ABCT 46th Annual Convention, November 15-18, 2012, in National Harbor, MD.
Keynote by Steve Hays (University of Nevada at Reno) (6:30-8:00P, November 15)
Contact: David H. Rosmarin (drosmarin@mclean.Harvard.edu) or see website http://www.abctspirituality.com/.

Duke Summer Spirituality & Health Research Workshops

Register now to ensure a spot in one of our research workshops on spirituality & health. The dates of the 2013 workshops will be July 15-19 and August 12-16. These workshops are designed for those interested in conducting research in this area or learning more about it. The workshops are designed for those with any level of training or exposure to the topic, from laypersons to graduate students to full-time professors at academic institutions. Nearly 600 persons have attended these workshops since 2004. Individual mentorship is being provided to those who need help with their research or desire career guidance and register early. 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

Attitudes toward Suicide in Japan

This journal article provides information about how culture and religion in Japan informs attitudes toward suicide. The author addresses the predominant view that Japanese culture is associated with positive views toward suicide. In reality, this view is held primarily by the warrior class, which makes up only about 6% of the population. Furthermore, the author notes that from ancient times, the devoutly religious from a variety of traditions in Japan have believed that suicide produces "unhappy, resentful spirits that harm the living." Thus, views toward suicide are not always favorable.
Citation: Picone M (2012). Suicide and the afterlife: Popular religion and the standardization of "culture" in Japan. Culture, Medicine and Psychiatry 36:391-408
Comment: This is an interesting, informative, and thoughtful article about a topic where there is much confusion and misunderstanding. Suicide rates in Japan have been increasing since the 1990's, paralleling the trend in the United States. In the U.S., suicide is now the leading cause of injury death, followed by car crashes, poisoning, falls, and murder, based on a recent analysis of data frorm the National Center of Health Statisitcs, 2000-2009 (see American Journal of PublicHealth 2012; 102 (11): e84-e92, and note **Funding Opportunities** below).

A Christian Worldview & Mental Health (2011)

Edited by Carlos Fayard, Barbara Hernandez, Bruce Anderson, and George Harding from the clinical departments at Loma Linda University, this book focuses on Christian mental health care based on a biblically-based worldview. It is intended for mental health professionals, clergy, educators, and students. Views are collected from various disciplines such as ethics, psychology, theology, counseling, and psychiatry. Available at: http://www.amazon.com/Christian-Worldview-Mental-Health/dp/1883925681

Spirituality in Patient Care (2007)

This book is for health professionals interested in identifying and addressing the spiritual needs of patients. It addresses the whys, hows, whens, and whats of patient-centered integration of spirituality into patient care, including details on the health-related traditions for each major religious group that will help clinicians to accommodate the environment and treatment plan to provide patient-centered, culturally appropriate care. Available at: http://www.templetonpress.org/content/spirituality-patient-care-0.

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

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

Handbook of Religion and Health (Second Edition) (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, at http://www.amazon.com/Handbook-Religion-Health-Harold-Koenig/dp/0195335953

FUNDING OPPORTUNITIES

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 beginning **February 1, 2013**. If the funding inquiry is approved (applicant notified by May 3, 2013), the Foundation will ask for a full proposal that will be due September 2, 2013, with a decision on the proposal reached by December 20, 2013. More information: http://www.templeton.org/what-we-fund/our-grantmaking-process

Suicide Prevention Grants

A suicide prevention program, based on the Garrett Lee Smith Memorial Act that was signed by Bush in 2004, has been funding grants on this topic. $56 million in federal money has been devoted to this program. A total of 68 new or renewal 3-year grants were awarded to states and tribal organizations in the first four cohorts of funding. Most recently (announced August 2012), $4.6 million was awarded in youth suicide prevention grants to tribes throughout South Dakota. The group providing this funding is the U.S. Department of Health and Human Services' SAMHSA. In September 2012 a new announcement was made concerning future grants (see http://www.clinicalpsychiatrynews.com/single-view/nation-s-suicide-prevention-efforts-updated/feaa0832f270ce7d364b4a26456c3dbf.html). Future grant opportunities are worth looking into given (1) the inverse relationship between religious involvement and many causes of suicide (i.e., depression, loss of hope and meaning, substance abuse, etc.) and (2) the possibility that religious beliefs are among the most powerful deterrents to suicide in the U.S., yet have not been subject to careful systematic research.

2013 NARSAD Independent Investigator Grant

The Brain & Behavioral Research Foundation gives grants for brain and behavior disorder research. They just announced the offering of an Independent Investigator Grant of $50,000 per year for two years. Elligible are investigators at the associate professor level (or equivalent). The program is intended to facilitate innovative research that includes basic, as well as translational and/or clinical invesetigators. Research must be relevant to understanding, treatment and prevention of serious psychiatric disorders such as schizophrenia, mood disorders, anxiety disorders, or early onset brain and behavior disorders. The area of religion/spirituality and mental health is certainly related to the aims of that program. Applications must be submitted online by **November 15, 2012**, with notification of award made in April 2013 and start date July 15, 2013. For more information, go to http://bbrfoundation.org/II.

2012 CALENDAR OF EVENTS…

Nov

2 — 7th Annual Conference on Health, Religion and Spirituality
Presenters: Richard Gunderson, Crystal Park, Koenig
Terra Huate, Indiana
Contact: Dr. Tom Johnson (Tom.Johnson@indstate.edu)

12 — Endocrinology Grand Rounds
Duke University Medical Center
Alban K. Barrus Conference Room 3031, Duke South
Presenter: Koenig
Durham, North Carolina
Contact: Dr. Okorodudu (Daniel.Okorodudu@dm.duke.edu)

28 — Utilizing Neuroscience for Furthering Spirituality in Teaching and Preaching
Spirituality and health research seminar
Presenter: Richard Cox, M.D., Ph.D.
Center for Aging, Duke University Med Center 3:30-4:30P
Durham, North Carolina
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

Published by the Center for Spirituality, Theology & Health
DUMC Box 3400, Durham, NC 27710
Website: http://www.spiritualityandhealth.duke.edu/

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