

# CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

Volume 2

Issue 4

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

## LATEST RESEARCH AT DUKE

### Religion and Quality of Life in Schizophrenia

Investigators conducted in-depth interviews with 63 outpatients with schizophrenia living in central North Carolina. The objective was to examine the role that religion played in coping with their illness. Half of the sample were women, nearly two-thirds were African-American, and the mean age was 42. Religious coping was assessed using the 14-item brief RCOPE that assesses both positive and negative religious coping. Results indicated that 68% participated in religious services or activities, including prayer groups, meetings, or services; 64% indicated that being connected to a religious community was much or very much important; and 91% said they participated in private religious or spiritual activities (79% praying at least once daily or more). Positive religious coping was associated with greater quality of life ( $r=+0.28$ ,  $p=0.03$ ) and better overall psychological health ( $B=+0.72$ ,  $p<0.05$ ), controlling for self-rated health, self-esteem, and satisfaction with social functioning. Negative religious coping (feeling punished or abandoned by God), as usual, was related to worse quality of life ( $r=-0.30$ ,  $p=0.02$ ).

*Citation:* Nolan JA, McEvoy JP, Koenig HG, Hooten EG, Whetten K, Pieper CF (2012). Religious coping and quality of life among individuals living with schizophrenia. *Psychiatric Services*, Aug 31, doi: 10.1176/appi.ps.201000208 [E-pub ahead of print]

*Comment:* Although the study was conducted in North Carolina (part of the "Bible Belt") and included a high percentage of African-Americans (known to be more religious than Whites), the high frequency of both private and public religious activity is impressive, as is the importance these patients said religion played in their lives. Clearly, if psychiatrists ignore or dismiss such beliefs, then they will miss out on a factor that may have a major impact on decisions about treatment and perhaps even response to treatment. For those unfamiliar with this journal, *Psychiatric Services* is one of the top three research/academic journals in psychiatry in U.S.

## LATEST RESEARCH OUTSIDE DUKE

### Humility, Religion and Health I

Neal Krause and colleagues have published two research papers examining relationships between humility, religious involvement, self-rated health, and lifetime trauma. In the first report, Krause analyzed data from a US national survey of 508 adults aged 66 or older (50% White, 50% African-American) to determine associations between humility and self-rated health. Religious items assessed were church attendance (single item) and a 3-item measure of spiritual support from fellow church members. Humility was measured using a 4-item scale (Peterson & Seligman), and self-rated health with a 3-item scale. Control variables were sex, age, education, and race. Using structural equation modeling, Krause found a significant positive relationship between humility and self-rated health ( $B=+0.27$ ,  $p<0.001$ ), a positive relationship between spiritual support and humility ( $B=+0.20$ ,  $p<0.001$ ), a positive relationship between church attendance and self-rated health ( $B=+0.14$ ,  $p<0.01$ ), a negative relationship between spiritual support and self-rated health ( $B=-0.14$ ,  $p<0.01$ ), and a positive relationship between church attendance and spiritual support ( $B=+0.21$ ,  $p<0.001$ ). He concluded that frequent church attendees receive more spiritual support; those with more spiritual support are more humble; and those who are more humble have higher self-rated health.

*Citation:* Krause N (2010). Religious involvement, humility, and self-rated health. *Social Indicators Research* 98:23-39

*Comment:* Humility is among the most valued and sought-after of human virtues, and this study suggests that it is related to perceptions of how healthy a person thinks he or she is (which research shows is strongly related to actual physical health and mortality). Humility appears to be nurtured within a faith community, and so may be part of the pathway by which religious involvement influences health.

### Humility, Religion and Health II

In a more recent report, Krause and Hayward analyzed data from the same sample described above (adults aged 66 or older), adding a 1-year follow-up (2007 to 2008) ( $n=718$ ). In this study, they examined the relationship between humility, lifetime trauma, and change in "religious doubt" over time, hypothesizing that lifetime trauma would increase religious doubt, but that greater humility would reduce this effect. Religious doubt was measured by a 4-item scale at baseline and 1-year follow-up, whereas humility (5-item measure) and lifetime trauma (frequency of 25 negative events) were measured at baseline. Frequency of religious attendance and frequency of private prayer were also assessed. Again, age, sex, race, and education were controlled. Analyses revealed that more lifetime traumatic events are associated with greater religious doubt over time for older adults; however, this is especially true for those with low levels of humility. Researchers concluded that humility (admitting when wrong, being humble when good things happen, not acting like a special person, being honest with self about faults and limitations, and being honest about abilities and achievements) is an effective way of coping with traumatic life events, at least with regard to preventing the development of religious doubts.

EXPLORE...in this issue

1-3 LATEST RESEARCH

3 NEWS

4 EVENTS & RESOURCES

4-5 FUNDING Opportunities & CALENDAR

*Citation:* Krause N, Hayward RD (2012). Humility, lifetime trauma, and change in religious doubt among older adults. Journal of Religion and Health, Mar 7. [Epub ahead of print]

*Comment:* Humility appears in both studies above to have health benefits, first in terms of self-rated health and second in terms of developing religious doubts in response to traumatic life events. Although religious doubt is not usually considered a health outcome, religious doubt has been associated with poorer self-rated health and greater depressive symptoms in previous research.

#### **Attachment to God and Relationship Satisfaction in Adult Children of Alcoholic Parents**

Researchers at Liberty University in Lynchburg, VA, surveyed 267 students in their graduate school counseling program (80% female). Over one-third (36% or n=96) met standard criteria for being an adult child of an alcoholic parent (ACOA). Attachment to God was assessed using Beck & McDonald's 28-item attachment scale. Relationship satisfaction was assessed using a 7-item measure (Burns & Sayers). Other characteristics assessed were desire for control over life events (20-item scale), adult attachment in general (36-item scale), and social desirability (33-item scale), along with basic demographic information. Among ACOA, 56% had a secure attachment to God, whereas among non-ACOA, 61% had a secure attachment to God ( $p=NS$ , i.e., no significant difference). However, further analyses revealed that attachment to God was significantly correlated with relationship satisfaction ( $p<0.001$ ), and this correlation was particularly strong in adult children of alcoholic parents. Researchers concluded that a secure attachment to God may override the negative effects of being raised by an alcoholic parent.

*Citation:* Dumont K, Jenkins D, Sibcy G (2012). God's shield: The relationship between God attachment, relationship satisfaction, and adult child of an alcoholic (ACOA) status in a sample of evangelical graduate counseling students. Journal of Psychology and Christianity 31 (1):3-16

*Comment:* The findings from this study suggest that being raised by an alcoholic parent does not adversely affect a person's attachment to God. This goes against the argument that relationship with parents heavily influences (if not actually determines) one's relationship with God. Moreover, among those raised by an alcoholic parent, attachment to God was a particularly strong predictor of overall relationship quality (more so than in non-ACOA students).

#### **Intrinsic Religiosity and Learning Goals in Indonesian University Students**

Researchers at Monash University in Australia examined relationships between religiosity and students' beliefs about reasons for their success or failure in their studies. The sample consisted of 1,006 university students at five universities in Indonesia (56% female, 74% native Indonesians, 65% Muslim and 28% Christian). Religiosity was measured using the 5-item DUREL, and motivational achievement goals (learning, work avoidance, performance approach, and performance avoidance) were assessed using standard scales. Results indicated that the more students had intrinsic religious beliefs and applied those beliefs in their daily life, the more they were likely to hold positive learning goals and the less likely they were to hold work avoidance goals. Neither locus of control, personal attributions, external attributions, or students' intelligence beliefs predicted motivational achievement goals. Researchers concluded that religiosity was a better predictor of students' motivational goals than their beliefs about their intelligence.

*Citation:* Sutantoputri NW, Watt HMG (2012). Attribution and motivation: a cultural study among Indonesian university students. International Journal of Higher Education 1(2):118-129

*Comment:* Once again, religious involvement is associated with

positive indicators of academic achievement (or at least attitude towards performance). In a review of this topic in the Handbook of Religion and Health (2nd ed), we identified 11 studies that had examined school grades and academic performance. Of those, all 11 (100%) found significantly better grades or better academic performance in students who were more religious.

#### **Religiosity and Health in Hungary**

Researchers surveyed a national random sample of 12,643 adults (mean age 48, 55% female) in 2002 (82% response rate). They examined relationships between religious involvement and health (mental and physical). This study was conducted over a decade after the overthrow of Hungary's Communist regime in 1989. Religious involvement was measured using two items: religious worship attendance and importance of religion. Only 8% of men and 16% of women attended religious services regularly; furthermore, religion was either not important or only slightly important in 81% of men and 66% of women. General linear models were used to analyze these cross-sectional data. Results regarding mental health (adjusted for age, gender, and education) indicated that religious attendance was associated with significantly higher well-being and lower anxiety (both  $p<0.001$ ), but was unrelated to depression. Personal importance of religion was related to greater well-being, but to higher levels of anxiety and depression. Results for physical health indicated that religious worship attendance was correlated positively with self-rated health, fewer days spent on sick leave in past year, and less decline in work capacity (all  $p<0.001$ ). In contrast, those who indicated high personal importance of religion were more likely to report a decline in work capacity, although there was no relationship with self-reported health or days spent on sick leave. Participants who practiced religion in their own way apart from a religious community generally had poorer mental and physical health. Investigators concluded that religious practices (particularly involvement in religious community) are a protective factor for health in Hungary.

*Citation:* Thege BK, Pilling J, Szekely A, Kopp MS (2012). Relationship between religiosity and health: evidence from a post-communist country. International Journal of Behavioral Medicine, Aug 19 [Epub ahead of print]

*Comment:* In general, it was public religious practice in this study that was most strongly related to indicators of both mental and physical health. Personal importance of religion, while related to greater well-being, was related to worse anxiety and worse physical health. Given the cross-sectional nature of this study, we don't know whether worse health may have caused people to turn to religion for comfort, or whether personal religiosity lead to worse health. One thing for sure, though, is that participants who "practiced religion in their own way" apart from a religious community were not doing as well either mentally or physically.

#### **Seeking God's Help and Quality of Life among Cancer Patients in Norway**

Researchers examined the prevalence of "Seeking God's Help" in a large sample of Norwegian cancer patients and its relationship to life satisfaction and quality of life. Analyzed were cross-sectional data from the 3rd wave of the Nord-Trøndelag Health Study of Norway (2006-2008). The sample included 2,086 cancer patients and 6,258 cancer-free controls. "Seeking God's Help" was measured by a single question: "I seek God's help when I need strength and solace" (often, sometimes, never). Life satisfaction was also measured by a single question: "Thinking about your life at the moment, would you say that you, by and large, are satisfied with life, or are you mostly dissatisfied?" (1-very dissatisfied to 7-very satisfied). Quality of life was assessed using the European Organization for Research and Treatment of Cancer scale, a multi-item measure of symptoms and self-image. Among the 2,086 patients with cancer, responses to the Seeking God's Help

question indicated that 14% said "often", 45% "sometimes," and 41% "never"; the distribution of responses was almost identical in cancer-free controls. Cancer patients who were women, older, and those with anxiety or insomnia were more likely to indicate they sought God's help. Seeking God's Help was unrelated to life satisfaction or to quality of life measures among cancer patients in this study (after controlling for gender, age, anxiety, neuroticism, extraversion, daily smoking, exercise, and outlook).

*Citation:* Sorensen T, Dahl AA, Fossa SD, Holmen J, Lien L, Danbolt LJ (2012). Is "seeking God's help" associated with life satisfaction and disease-specific quality of life in cancer patients? The Hunt Study. *Archive for the Psychology of Religion* 34:191-213

*Comment:* In this secular northern European country, only 14% of cancer patients said they often sought God's help, almost identical to cancer-free participants (13%). Conversely, 41% of cancer patients and 43% of cancer-free participants said they never seek God's help. Furthermore, those who sought God's help were more anxious and had more insomnia. The cross-sectional nature of this study, however, left open the possibility that it was the anxiety and insomnia that prompted cancer patients to seek God's help. Regardless, the low prevalence of seeking God's help and lack of relationship with satisfaction or quality of life in this population is noteworthy.

### **Alternative Medicine (CAM) Use in Saudi Arabia by Cancer Patients**

Researchers in the oncology department of a university medical center in Riyadh surveyed 453 adult cancer outpatients (mean age 54) on their CAM use, i.e., dietary supplements and other CAM practices. Most common cancers were gastrointestinal (28%), lymphoma/leukemia (26%), breast (23%), and genitourinary (14%). A total of 91% used some type of CAM. The most common type of dietary supplement was Zamzam water (holy water obtained from Mecca). The most common form of CAM that did not involve dietary supplements was reciting the Holy Quran (75%), supplication to Allah (13%), and prayer (16%); less than 3% used typical CAM treatments such as massage or acupuncture (besides dietary supplements). Reading the Quran over water and then drinking the water was used by 30% of patients. Researchers concluded that almost all CAM treatments had religious elements incorporated into them.

*Citation:* Jazieh AR, Sudairy RA, Abulkhair O, Alaskar A, Safi FA, Sheblq N, Young S, Issa M, Tamim H (2012). Use of complementary and alternative medicine by patients with cancer in Saudi Arabia. *Journal of Alternative and Complementary Medicine* 18 (11):1-5 [E-pub ahead of print]

*Comment:* The medical community was shocked when it learned that 42% of Americans use prayer for healing (and 62% of cancer patients), which was the most common form of CAM treatment in the U.S. (see *Complementary Therapies in Medicine*, 15(1), 21-29). Compare that to the findings in this sample of cancer patients in Saudi Arabia, where almost all used some religious form of CAM.

### **Spirituality/Religion and Youth Suicide Attempts in Canada**

Researchers at McGill University in Montreal, Quebec, examined the experiences of 15 youth (ages 14-18) related to spirituality/religion (S/R) in seeking help during the year prior to their suicide attempt. This qualitative study revealed three major themes: (1) members of the religious community as a bridge to mental health services or as an adjunct provider of such services; (2) discussions of S/R issues with various individuals, including health professionals; and (3) changes in S/R beliefs during the year before the suicide attempt. Researchers concluded that S/R can play a role in helping of youth who contemplate or attempt suicide, although S/R themes should be approached judiciously in any attempt to prevent suicide. They emphasized that health

professionals must clarify the meaning of S/R for youths and the role it plays in relationship to significant people (parents, others) in order to determine the potential that S/R has as a protective factor. *Citation:* Bullock M, Nadeau L, Renaud J (2012). Spirituality and religion in youth suicide attempters' trajectories of mental health service utilization: The year before a suicide attempt. *Journal of the Canadian Academy of Child and Adolescent Psychiatry* 21(3): August [E-pub ahead of print]

*Comment:* This is an interesting report of how youth suicide attempters in Canada interacted with S/R during the year prior to their suicide attempt. These kinds of discussions are seldom held within mainstream psychiatry in Canada, and one reason for this is the low religiousness of health providers (as it is in the US and Europe). This study provides important information on which to base such discussions.

## **NEWS**

### **Special Issue on Religion, Spirituality and Depression**

Just completed (Sept 2012), this special issue of the peer-review journal *Depression Research and Treatment* (Hindawi publishers) includes 10 articles: an editorial, a review article on religion, spirituality and depression, and eight articles (seven original data-based reports) on this topic. Being an open-access journal, all papers are downloadable as pdfs for free. To see the articles as a group, go to our website at:

<http://www.spiritualityandhealth.duke.edu/publications/research-publications.html>.

### **European Network of Research on Religion, Spirituality and Health**

The Research Institute for Spirituality and Health (RISH) sends out a free e-newsletter that provides updated information on research and events on religion, spirituality and health in the European theater. The 3rd European Conference on Religion, Spirituality and Health (ECRSH 2012) was held in May. The 4th European Conference on Religion, Spirituality and Health (ECRSH 2014) will be held on May 22-24, 2014 in Malta. For their summer 2012 e-newsletter that describes the 3rd European Conference and all prior e-newsletters dating back to 2006, see website: <http://www.rish.ch/dynasite.cfm?dsmid=92513>

### **2013 Faculty Scholars Program**

The Program on Medicine and Religion at the University of Chicago is inviting applications for the Faculty Scholars Program's 2013-2015 cohort. The program seeks to develop a cadre of faculty leaders who will expand scholarship and education regarding the spiritual and religious dimensions of the practice of medicine. The deadline for the submission of a preliminary letter of intent and CV is **October 15, 2012**. Applications are sought from junior faculty members with a keen interest in the subject of physician spirituality and who have an aptitude for studying medicine and religion. Successful applicants receive up to \$75,000/yr in salary support and are expected to spend 60% of their time on this project. In addition, scholars receive up to \$20,000 for education and research. See website: <https://pmr.uchicago.edu/fsr>

### **Duke Summer Spirituality & Health Research Workshops**

The dates of the 2013 five-day summer workshops will be July 15-19 and August 12-16. Given the demand, spots will be limited so early registration is encouraged. Partial scholarships may be available for young investigators with substantial academic promise. For more information, see website: <http://www.spiritualityhealthworkshops.org/>.

## SPECIAL EVENTS

### Association of Christian Therapists (ACT) Conference

On **October 4-7, 2012** in Chicago, ACT is holding an international conference titled, "Where God and Healthcare Meet: On Reconciling Ethical Challenges in Healthcare & Healing." Conference speakers include Mark Sheehan, Russ Parker, Paul Wright, and Cheryl Marsh. Up to 19.5 CEU's are available for attending the conference. For more information, go to website: <http://www.actheals.org/Events/iccurent/180/main.html>

### The Skillful Soul of the Psychotherapist

The Albert & Jessie Danielsen Institute is celebrating its 60th anniversary by putting on a conference that involves master clinicians and theologians dialoguing about issues in psychotherapy. This event will be held on **October 7-8, 2012**. Featured speakers include Nancy McWilliams (award winning author and clinician specializing in psychoanalytic psychotherapy), Salman Akhtar (professor of psychiatry at Jefferson Medical), and David Wallin (clinical psychologist and author of *Attachment in Psychotherapy*). The purpose of the conference is to identify the core personal, religious, and spiritual values and beliefs of the psychotherapist and what role these play in their clinical work and identity. For information, see website: <http://www.bu.edu/danielsen/60th-anniversary>.

### 7th Annual National Conference on Health, Religion, and Spirituality

Sponsored by Indiana State University's Center for the Study of Health, Religion, and Spirituality (CSHRS), the conference will be held on **November 2-4, 2012**. It is now accepting applications from those interested in presenting their work in the form of a brief talk (15-30 min), a clinical or experiential workshop (20-50 min), or a poster (the deadline is close). The goal of this interdisciplinary conference is to create open and respectful dialogue to advance research, practice, and teaching regarding relationships between health, religion, and spirituality, as well as addressing the role of positive psychology and integrative medicine in enhancing health and wellness. The target audience is psychologists, physicians, social workers, nurses, clergy, theologians, biologists, and philosophers, among others. Speakers include Richard Gunderman, Harold Koenig, and Crystal Park. For more information, contact Tom Johnson ([tom.johnson@indstate.edu](mailto:tom.johnson@indstate.edu)) or go to the conference website at <http://www.indstate.edu/psychology/cshrs/ResconfRSH.htm>

### Religion Inside Medicine: Epistemology, Law, and Everyday Experience and Practice

Sponsored by the Institute of Social and Cultural Anthropology at the Freie Universität in Berlin, Germany, the organizers of this conference have announced a call for papers. The deadline for abstract submissions is **October 10, 2012**, and the conference is to be held February 15-16, 2013 in Berlin. The purpose of the conference is "to debate how religious and medical phenomena and practices have become inter-related in emerging assemblages of a globally interconnected world...The aim of this workshop is to creatively engage in discussion on religious and medical entanglements and/or disruptions in the contemporary world." Papers are sought on how religious and medical meanings concerning health, healing, and the body are negotiated and acted upon in everyday encounters and practices, including but not restricted to the way these encounters and actions make reference to legal-ethical documents, bureaucratic regulations, and/or historical texts. For more information or to submit an abstract (250 words), contact Professor Hansjoerg Dilger at [hansjoerg.dilger@berlin.de](mailto:hansjoerg.dilger@berlin.de).

## RESOURCES

### Religious and Spiritual Issues in Psychiatric Diagnosis: A Research Agenda for DSM-V (American Psychiatric Publishing)

Edited by John Peteet MD, Francis Lu MD, and William Narrow MD, this volume examines the role of spiritual and religious considerations in the DSM revision process. The volume includes chapters on each major category of psychiatric disorder, with an analysis of the implications of religion and spirituality for their diagnosis, course, and outcome. Based on the work presented by the prominent clinicians and researchers who participated in the 2006 Corresponding Committee on Religion, Spirituality, and Psychiatry of the American Psychiatric Association, the volume addresses the spiritual and philosophical issues involved in distinguishing a psychiatric disorder from a spiritual condition. See website: <http://www.appi.org/searchcenter/pages/SearchDetail.aspx?ItemID=2658>.

### Healthy Human Life: A Biblical Witness

Theologian Jim Bruckner, a professor of Old Testament, has written a book based on a class he taught for over ten years on the Bible and Health. This resource will be invaluable to health professionals as well as theologians. See website: [https://wipfandstock.com/store/Healthy\\_Human\\_Life\\_A\\_Biblical\\_Witness](https://wipfandstock.com/store/Healthy_Human_Life_A_Biblical_Witness)

### Resilient Warriors

Authored by retired U.S. Army General Robert F. Dees, this book describes the realities of the lifelong fight -- whether on the battlefield, in the board room, the home front, or the highways of life. It provides relevant, enduring principles of resilience for warriors in every foxhole -- even the spirituality and health research foxhole. Includes forward by governor Mike Huckabee and endorsement by Oliver North. General Dees is now teaching at Liberty University in Lynchburg, VA. See website: <http://www.resiliencetrilogy.com/ResilientWarriors/index.htm>.

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

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

### Handbook of Religion and Health (Second Edition)

This Second Edition covers the latest original quantitative research on religion, spirituality and health. Religion/spirituality-health researchers, educators, health professionals, and religious professionals will find this resource invaluable. Available, at <http://www.amazon.com/Handbook-Religion-Health-Harold-Koenig/dp/0195335953>

## FUNDING OPPORTUNITIES

### Templeton Foundation Online Funding Inquiry (OFI)

The Templeton Foundation is accepting letters of intent for research on spirituality and health (**Aug 1- Oct 15, 2012**). If the funding inquiry is approved (applicant notified by Nov 26, 2012), the Foundation will ask for a full proposal (due Nov 27-Mar 1, 2013), with a decision on the proposal reached by June 21, 2013. More information: <http://www.templeton.org/what-we-fund/our-grantmaking-process>

### 2013 NIH Loan Repayment Program (LRP)

In order to encourage the development of promising researchers and scientists involved in biomedical, behavioral, social, and

clinical research, NIH is offering to repay up to \$35,000 of qualified student loan debt each year for these researchers. This includes most undergraduate, graduate, and medical school loans. *Comment:* When we had a post-doctoral program at Duke, several of our fellows applied for and successfully received LRP grants. Go to their website to learn more about this opportunity. More information: [http://www.lrp.nih.gov/about\\_the\\_programs/index.aspx](http://www.lrp.nih.gov/about_the_programs/index.aspx)

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

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

## 2012 CALENDAR OF EVENTS...

### Oct

- 5 **The role of spirituality in patient-centered care**  
Glendale Adventist Medical Center, 6:00-8:00P  
Presenter: Koenig  
Glendale, California  
Contact: Bruce Nelson (818-409-8100)
- 7 **How is religion relevant to psychiatry: research & applications**  
2012 American Psychiatric Association Institute on Psychiatric Services, Oskar Pfister Award, 8:00-9:30A  
Presenter: Koenig  
New York City, NY  
Contact: Alison Bondurant ([Abondurant@psych.org](mailto:Abondurant@psych.org))
- 11 **Religion, spirituality, and health: research, clinical applications, and community implications**  
Bethel University, 7:00-9:00P  
Presenters: Gary Ferngren, G. Scott Morris, Harold Koenig  
St. Paul, Minnesota  
Contact: Sandy Clark ([s-clark@bethel.edu](mailto:s-clark@bethel.edu))
- 15 **Use of religious CBT for depression in chronic medical illness**  
Dept of Social Work, University of North Carolina, Chapel Hill  
Presenter: Koenig (12:00-2:00P)  
Chapel Hill, NC  
Contact: Deborah Barrett ([dbarrett@email.unc.edu](mailto:dbarrett@email.unc.edu))
- 22-23 **Religion, spirituality and health: Research update**  
University of South Dakota Medical Center  
Presenter: Koenig, 7:30-8:30P, 7:30-8:30A  
Sioux Falls, SD  
Contact: Becky Blue ([beckyblue@mac.com](mailto:beckyblue@mac.com))
- 24-25 **Religion, spirituality and health care**  
Spiritual Care Grand Rounds, Norwalk Hospital  
Presenter: Koenig, 7:00-9:00P, 8:00-9:00A  
Norwalk, CT  
Contact: Debra Slade ([Debra.Slade@norwalkhealth.org](mailto:Debra.Slade@norwalkhealth.org))
- 26 **Spirituality, meditation & psychotherapy**  
Baystate Health and Tufts University  
Presenters: Elin, Liptzin, Koenig, Lazar, Summergrad, Rubin  
Holyoke, MA  
Contact: Joanna Donahue  
([Joanna.Donahue@baystatehealth.org](mailto:Joanna.Donahue@baystatehealth.org))
- 31 **Church attendance and the trajectories of mortality and physical disabilities among Mexican American elders**  
Spirituality and health research seminar  
Presenter: Ryon Cobb, Ph.D., Florida State University  
Center for Aging, Duke University Med Center 3:30-4:30  
Durham, North Carolina  
Contact: Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))