

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

Volume 3

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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 September 2013) go to: <http://www.spiritualityandhealth.duke.edu/publications/crossroads.html>

LATEST RESEARCH

EEG Alpha Rhythm Associated with Importance of Religion

Researchers at Columbia University in NYC conducted EEGs (electroencephalograms) on 52 adults (mean age 37) participating in a multiwave 3-generation longitudinal study of persons at high risk for depression based on their family history (T0 baseline, T10 years, and T20 years). The original sample consisted of persons with moderate to severe major depression recruited from the psychiatric outpatient clinic and controls without a history of depression. The present sample consisted of 31 high risk and 21 low risk participants. EEG's were conducted at T20 years. Importance of religion was assessed at both T10 years and T20 years ("How important is religion or spirituality to you?"), with responses dichotomized into highly important ("Important") vs. all other responses ("Not important"). At T10 years, R/S was important for 12 respondents and not important for 40 respondents; at T20 years, R/S was important for 20 respondents and not important for 32 respondents (4 migrated out of the important category and 12 migrated into the important category). **Results** indicated that respondents who said that R/S was important at T10 years showed significantly greater medial-posterior alpha at T20 years compared to those indicating that R/S was not important ($p < 0.001$). Alpha rhythm was also significantly more common in those who consistently rated R/S as important at both T10 and T20 years. The effects were particularly evident in those with a lifetime history of depression. Interestingly, those who migrated out of the high importance group from T10 to T20 also had high posterior alpha, and those who migrated into the high importance group had low posterior alpha. Previous research by these researchers had shown that importance of R/S predicted a reduced risk of depression, especially in those with a family history of depression. Also, note that high posterior alpha activity is known to be a risk factor for major depression (it confers higher risk). Researchers speculated that prominent alpha activity may be a marker for responsiveness to spiritual practice in those at high risk for depression.

Citation: Tenke CE, Kayser J, Miller L, Warner V, Wickramaratne P, Weissman MM, Bruder GE (2013). Neuronal generators of

posterior EEG alpha reflect individual differences in prioritizing personal spirituality. *Biological Psychiatry*, online ahead of print *Comment:* Another fascinating report by the Columbia University group showing a biological marker (high posterior alpha rhythm) among those with high importance of religion, especially in those with a history of depression. This might be a biological manifestation of the protective role that R/S plays in depression.

Deferring Control to God by Breast Cancer Patients

Researchers examined the association between deferring control to God and several psychological outcomes: breast cancer-related concerns (emotional, physical, and body image concerns related to treatment and side-effects), problem-focused coping (active and planning), and quality of life. The sample consisted of 192 women diagnosed with breast cancer during the previous 2 months recruited from cancer institutions from Hartford (CT), MD Anderson (TX), and University of Wisconsin. Women comprising the sample posted at least one message on a computer-mediated social support group forum during a 6-month follow-up period. Content analysis of the 18,064 message posts determined whether women deferred control to God (or encouraged others to do so). The median was 26 message posts per participant. Structural equation modeling was used to examine associations between deferring control to God, breast cancer concerns, coping method, and quality of life (including both pre- and post-test scores in the model). Results indicated that deferring control to God was inversely related to breast cancer concerns ($B = -0.14$, $p < 0.05$), but was also inversely related to planning ($B = -0.17$, $p < 0.001$) and to active coping ($B = -0.14$, $p < 0.01$). Deferring to control God was also related indirectly to lower quality of life ($B = -0.08$, $p < 0.01$) via lower levels of active coping. Researchers concluded that while deferring to God appeared to reduce breast cancer concerns, it may have also led to more passive coping styles and indirectly to lower quality of life.

Citation: McLaughlin B, Yoo W, d'Angelo J, Tsang S, Shaw B, Shah D, Baker T, Gustafson D (2013). It is out of my hands: How deferring control to God can decrease quality of life for breast cancer patients. *Psycho-Oncology*, e-pub ahead of print *Comment:* In this study, deferring control to God was related to both good and bad psychosocial states (fewer emotional and physical breast cancer concerns, but lower quality of life due to less active forms of coping). These analyses were largely cross-sectional (deferring to God was assessed throughout the 6-month follow-up when pre and post-test psychological assessments were being done) and breast cancer stage or severity was not controlled. Thus, those with more severe breast cancer and worse quality of life may have been more likely to defer control to God, since active coping may have been less of an option. If, however, deferring to God led to less active coping, then this would be a problem that women with breast cancer should guard against.

Christians are Happier than Atheists

As noted in our September e-newsletter, this study (now available for full review) analyzed data from nearly 2 million text messages involving 16,000 users on Twitter. The purpose was to analyze the language used to identify positive and negative emotion words. Christians ($n = 7,557$) were identified by those who followed Twitter

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feeds of five Christian public figures (Pope Benedict XVI, Joyce Meyers, Joel Osteen, Rick Warren, Dinesh D'Souza), whereas Atheists (n=8,716) were identified by those following Twitter feeds from five atheist public figures (Richard Dawkins, Sam Harris, Christopher Hitchens, Monica Salcedo, Michael Shermer). Most users were from the U.S. or Canada. A standard computerized text analysis program was used to analyze the content of the Twitter text messages. Happiness was determined by the presence of positive emotion words (love, nice, etc.) and the absence of negative emotion words (hurt, nasty, etc.). Social connection was measured by frequency of words like "mate" or "friend," whereas analytic thinking by words like "think" or "consider." Religion was measured by frequency of words like "God" or "church." Common phrases to more than one of the five categories such as "praise God" or "God bless" were excluded so as not to artificially bias the findings. **Results** indicated that among Christian followers, religion was related to social connection and happiness (especially the absence of negative words), whereas among Atheists, religion was related to social connections and to analytic thinking, but was inversely related to happiness (due to the presence of negative words and the absence of positive words). Compared to Atheists, Christian followers expressed more happiness in their text messages ($p < 0.001$), a relationship that was partially mediated by social connection. In other words, Christians tweeted more about social processes than atheists ($p < 0.001$), which in turn was associated with more happiness. In contrast, Atheists were more likely to use analytical thinking words than Christians ($p < 0.001$), which partially mediated the relationship with lower happiness (since analytical thinking was related to lower happiness). Christians were also more likely to use words characterized by certainty (always, never) and emotion (know, feel), whereas atheists were more likely to use words characterized by analysis (thought, reason) and uncertainty (maybe, perhaps). Researchers noted that these findings were consistent with previous research that showed that Christians prefer an more intuitive thinking style, whereas Atheists use a more analytic thinking style.

Citation: Ritter RS, Preston JL, Hernandez I (2013). Happy tweets: Christians are happier, more socially connected, and less analytical than Atheists on Twitter. Social Psychological and Personality Science, June 18, e-pub ahead of print

Comment: Interesting findings, some of which are expected (Atheists more analytical, Christians more intuitive). However, the finding of greater happiness and social connectedness among believers compared to Atheists is relatively new. The method used in this study (social media) is also quite novel, overcoming a frustrating barrier that most studies examining the mental health of Atheists have had to deal with, i.e., the low percentage of Atheists in the population (about 2% of the world population, most of whom are in East Asia, based on World Factbook 2010).

The Joy of Cheating

Researchers at the University of Washington and Harvard University challenge the idea that unethical behaviors are always associated with negative emotions (which most expect, i.e., feeling guilty). In a series of six experimental studies, investigators found that individuals who cheated on various problem solving tasks consistently experienced more positive emotions than those who didn't (comparisons were made before and immediately after cheating). Most participants were college students, although some experiments were conducted online (mean age of overall sample 20 to 34). Researchers concluded that cheating is associated with feelings of self-satisfaction, even when the thrill of getting away with unethical behavior ("catch me if you can") is removed. They encourage further research on how emotions influence moral behavior and how moral behavior influences emotions. Unfortunately, religiosity was not measured.

Citation: Ruedy NE, Gino F, Moore C, Schweitzer ME (2013). The cheater's high: The unexpected affective benefits of unethical behavior. Journal of Personality and Social Psychology, online ahead of print

Comment: All comparisons of affect were immediately before and immediately after cheating. Although the immediate experience of cheating might be a feeling of euphoria, like with sex, there could be consequences that are not immediately evident [see below].

Genetic Responses to Different Forms of Happiness

Psychological well-being is known to predict positive health outcomes, although the biological mechanism (particularly the molecular mechanism) that underlies this relationship with health is poorly understood. Two forms of well-being or happiness have long been recognized: **hedonic** well-being (positive emotions from self-gratifying experiences) and **eudaimonic** well-being (positive emotions that result from striving toward meaning and noble purpose). Researchers at UNC Chapel Hill examined basal white blood cell gene transcription profiles on 80 healthy adults who at the same time had these two types of well-being assessed.

Results indicated that those with high levels of hedonic well-being experienced increased transcription of genes involving proinflammatory responses and decreased transcription of genes involving antibody synthesis and interferon-mediated antiviral responses. In contrast, those with high eudaimonic well-being experienced the opposite effect (decrease in transcription of proinflammatory genes and increase in genes regulating antibody synthesis and interferon-mediated antiviral responses).

Eudaimonic well-being was also associated with a variety of other changes in gene regulation. Researchers concluded that "the human genome may be more sensitive to qualitative variations in well-being than are our conscious affective experiences."

Citation: Fredrickson BL, Grewen KM, Coffey KA, Algoe SB, Firestone AM, Arevalo JMG, Ma J, Cole SW (2013). A functional genomic perspective on human well-being. Proceedings of the National Academy of Sciences 110 (33):1364-1368

Comment: This means that happiness derived from striving toward meaning and higher purpose (i.e., spiritual goals) may stimulate different health-producing genetic transcription responses than happiness that is purely self-gratifying (like cheating on a test!). Reduced proinflammatory responses and increased antibody and antiviral responses should have positive effects on physical health since inflammation is associated with many disease processes, as is decreased antibody and anti-viral responses. Although we're talking about genomic mechanisms that involve very complex feedback loops, and the authors suggest caution in interpreting these results, wouldn't it be interesting if spiritual activities produced positive emotions that have more healthy physiological consequences than similar emotions resulting from purely self-gratifying experiences?

Why Does Religiosity Persist?

Constantine Sedikides wrote an opening editorial to a special issue of the journal *Personality and Social Psychology Review* (the special issue was published in response to "the explosion of interest in religiosity," says the author). He points out that despite the persistence of Darwinian explanations for the universe, the seemingly absence of meaning and purpose to the universe, and the "irrational, contradictory, pathological, illusory, exploitative, and potentially dangerous" nature of religiosity, 85% of the world's population continues to have religious beliefs and 82% say that religion is at least fairly important in their lives. He also questions (and provides reasons for) why mainstream psychologists appear to have avoided this area. He goes on to overview the articles in this issue that examine the functions of religion and seek to explain what human needs it fulfills.

Citation: Sedikides C (2010). Why does religiosity persist? Personality and Social Psychology Review 14 91:3-6

Comment: Although an older article, readers should be aware of this editorial and the special issue of this academic psychology journal that it introduces. The journal issue contains a number of quite thoughtful articles, and while several are quite critical of religion, it nevertheless provides an update on how mainstream psychologists are thinking about religiosity and mental health.

Is Psychiatry a Religion?

In this essay for a mainstream medical journal, Robert Whitley -- a Canadian psychiatrist -- compares the discipline of psychiatry and psychology to a religious denomination. He starts out by noting that religion has been in the decline for some time (at least in Europe), as was predicted by the Enlightenment's triumph of science over superstition. The author then asks what has replaced religion in society, and concludes that it is psychiatry and psychology, which are now seeking to meet the emotional and social needs of the public that religion for thousands of years had previously addressed. He compares the evangelistic zeal of missionaries with that of academic psychiatrists who through large epidemiological studies are attempting to identify a need in the population (i.e., mental and emotional problems) which only it has the authority to address. Indeed, emotional and relationship problems that humans dealt with for centuries before psychiatry have now be given diagnoses that warrant treatment either by secular psychotherapy or by medication. The weekly attending of religious services, where advice about relationships, attitudes, and behaviors was given, is now replaced by seeing the therapist weekly. The receiving of Holy Communion during religious services has now been replaced by the white pill prescribed in the office (a pill that promises individual transformation). The sacred texts of the Bible, Koran, and Torah have been replaced by the Diagnostic and Statistical Manual of Mental Disorders, which contains not only the new truths of the mental health profession but also the structure for billing (replacing the donations sought by religious organizations). These are just a few of the parallels that Dr. Whitley points out between the two disciplines.

Citation: Whitley R (2008). Is psychiatry a religion? *Journal of the Royal Society of Medicine* 101:579-582

Comment: This short brilliant piece compares present day psychiatry to the great religions, even pointing the "evidence" behind the effectiveness of each tradition [the randomized clinical trial for psychiatry vs. the persistence of beliefs and practices devoutly adhered to by billions of people over thousands of years]. The author is very convincing and often quite humorous, ending with a comment about Karl Marx's description of religion as the opiate of the masses, a statement more literally true today for psychiatric prescriptions. Although published nearly 5 years ago (2008), the points made and wisdom contained have no expiration date.

NEWS

Free Access to Journal of Muslim Mental Health

The journal has announced that it now provides free access online to full text content. Go to website:

<http://www.journalofmuslimmentalhealth.org>. The current issues focuses on stigma experienced by Muslims. The following are article titles in this issue: Mental Health Stigma in the Muslim Community; Attitudes Toward Muslim Americans Post-9/11; Mental Health Help-Seeking Behaviors of Muslim Immigrants in the United States; and American Muslim College Students: The Impact of Religiousness and Stigma on Active Coping. Other recent articles released include: American Muslim Marital Quality; Mental Illness Recognition and Referral Practices Among Imams in the United States; and Subtle and Overt Forms of Islamophobia: Microaggressions Toward Muslim Americans.

The Passing of a Giant

Dr. William P. Wilson, graduate of Duke University, Duke Medical School, and Duke Psychiatry Residency, and Professor Emeritus in the Department of Psychiatry at Duke, passed away on Wednesday, September 18, at the age of 90. Dr. Wilson was a giant in the field of religion and health, and was the primary mentor of David B. Larson during the 1980's and many other researchers in this field. He was a pioneer in biological psychiatry and an expert in electroconvulsive therapy. For three years, he served as head of the Division of Biological Psychiatry at the University of Texas Medical Branch in Galveston, Texas, working closely with Dr. William Zung (who developed the Zung Depression Rating Scale). In 1961, both Drs. Zung and Wilson returned to Duke. For the next 20 years, Dr. Wilson directed the EEG laboratories at Duke University Medical Center. Dr. Wilson worked closely with Dr. Blaine Nashold, a neurosurgeon who pioneered neurostimulation for pain disorders. Dr. Wilson, along with Dr. Nashold and Dr. Bruno Urban, from Anesthesiology, inaugurated Duke Psychiatry's Pain Clinic. Additionally, Dr. Wilson trained 138 medical students and psychiatrists in integrative medicine (primarily Christian psychiatry). He eventually retired from Duke in 1984. Post-retirement, Dr. Wilson continued teaching as a Distinguished Professor of Counseling at Carolina Graduate School of Divinity in Greensboro for 13 years and continued seeing patients, retiring in 2007 after 62 years of practicing psychiatry.

SPECIAL EVENTS

Institute for Studies of Religion (ISR) Lecture Series

ISR at Baylor University offers a lecture series with prominent speakers from a variety of disciplines. For example, Sarah Pulliam Bailey, a national correspondent for the Religion News Services, gave a lecture on religion reporting on September 25th and Thomas F. Farr, from Georgetown University, gave a talk on religious freedom on September 30th. Stephen Post is scheduled to give a lecture on the Hidden Gifts of Helping on November 13th. Persons can register for these lectures and listen to them online by going to the ISR website: <http://www.baylorisr.org/>.

3rd Annual Conference on Medicine and Religion (Chicago, Illinois) (March 7-9, 2014)

Conference planners -- Program on Medicine and Religion -- at the University of Chicago invite participants to submit abstracts for 60-minute panel sessions, 20-minute paper presentations, and poster sessions for next year's meeting titled "Responding to the Limits and Possibilities of the Body" to be held at the Hyatt Chicago.

Abstracts are due November 7, 2013. Focus questions for creating abstracts include: To whom does the body belong? How is one's body related to oneself? What is a normal human body? What, if anything, does the human body tell us about how medicine should respond to bodily suffering and death? What kind of knowledge about human embodiment can science give, vis-à-vis the great religions? These questions are being asked in the context of the traditions and practices of Judaism, Christianity, and Islam. The conference is being co-sponsored by the Institute for Spirituality and Health at Texas Medical Center (Houston). For more information go to: <http://www.MedicineandReligion.com>.

Annual Conference on Health, Religion & Spirituality (November 7-9, 2013)

Indiana State University's Center for the Study of Health, Religion and Spirituality is holding their annual interdisciplinary conference in Terre Haute, Indiana. The focus of the conference is examining the effects of religious and spiritual beliefs and practices on individual and collective well-being. The theme of the conference is "Why Study Spirituality?" Robert Emmons, professor of psychology at the University of California, Davis, will be a keynote

speaker. Dr. Emmons has developed the field of "gratitude research." Dr. Ralph Piedmont, professor of pastoral counseling and spiritual care at Loyola University, an expert in the field of Spiritual Transcendence, will also give a keynote lecture. For more information, go to conference tab at website:

<http://www.unboundedpossibilities.org/cshrs> or e-mail Christine Kennedy at christine.kennedy@indstate.com.

4th European Conference on Religion, Spirituality and Health (ECRSH14) (Malta, May 22-24, 2014)

The 4th European Conference on Religion, Spirituality and Health will focus on the integration of religion and spirituality into clinical practice. The keynote speakers approach the topic from their specific professional background. They include Professor Dr. Donia Baldacchino (University of Malta, Nursing), Professor Dr. med. Arndt Buessing (University of Witten, Germany, Medicine), Professor Rev. Christopher Cook (Durham University, England, psychiatry and theology), Professor Dr. Farr Curlin (University of Chicago, medicine), Professor George Fitchett (Rush University, chaplaincy), Professor Dr. Christina Puchalski (George Washington University, medicine), Professor Rev. John Swinton (King's College University, Aberdeen, nursing), and numerous others. Interested participants are invited to get together and submit a symposium for presentation of research topics and discussions in spirituality and health. Abstracts for symposia, oral presentations, and poster presentations are due December 15, 2013 (submit to: <http://ecrsh.eu/abstract>). For more information about the conference held on this beautiful island off the coast of Italy, go to: <http://ecrsh.eu/>.

Spirituality and Health Research Workshop (Malta, May 18-21, 2014)

Before attending the ECRSH14 above, come to beautiful Malta to participate in a 4-day Pre-Conference Research Workshop. This workshop covers about 75% of the material presented during the Duke Summer Research Workshop below. The workshop is open to all interested in doing research on religion, spirituality and health (welcoming theologians, chaplains, physicians, nurses, psychologists, pastoral counselors, public health specialists, epidemiologists, and others). For more information go to: <http://www.ecrsh.eu/dynasite.cfm?dsmid=92326>

Duke Summer Spirituality & Health Research Workshops (Durham, NC) (August 11-15, 2014)

Register early for a spot in our 2014 research workshop on spirituality & health. The workshop is designed for those interested in conducting research in this area or learning more about the research that has already been done. Those with any level of training or exposure to the topic will benefit from this workshop, from laypersons to graduate students to full-time professors at leading academic institutions. Over 650 persons have attended this workshop since 2004. Individual mentorship is being provided to those who need help with their research or desire career guidance. Partial **tuition scholarships** will be available for those with strong academic potential and serious financial hardships. For more information, see website: <http://www.spiritualityhealthworkshops.org/>.

RESOURCES

Spirituality: A Brief History (Wiley-Blackwell, 2013)

This second edition book is a classic. Description from Amazon.com: "Engagingly written by one of the world's leading scholars in this field [Philip Sheldrake], this comprehensively revised edition tells the story of Christian spirituality from its origins in the New Testament right up to the present day. [The book] charts the main figures, ideas, images and historical periods,

showing how and why spirituality has changed and developed over the centuries; includes new chapters on the nature and meaning of spirituality, and on spirituality in the 21st century and an account of the development and main features of devotional spirituality; provides new coverage of Christian spirituality's relationship to other faiths throughout history, and their influence and impact on Christian beliefs and practices; features expanded sections on mysticism, its relationship to spirituality, the key mystical figures, and the development of ideas of 'the mystical'; explores the interplay between culture, geography, and spirituality, taking a global perspective by tracing spiritual developments across continents." Available (\$29.66) at:

<http://www.wiley.com/WileyCDA/WileyTitle/productCd-EHEP002851.html>

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

Since the publication of the first and second editions of *Spirituality in Patient Care* in 2002 and 2007, the book has earned a reputation as *the* authoritative introduction to the subject for health professionals interested in identifying and addressing the spiritual needs of patients. All chapters are updated with the latest information, trends in health care, research studies, legal issues, and healthcare standards requiring sensitivity to all patients' spiritual needs. Chapters are targeted to the needs of physicians, nurses, chaplains, mental health professionals, social workers, and occupational and physical therapists. Available (\$22.36) at: <http://templetonpress.org/book/spirituality-patient-care>.

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

This Second Edition covers the latest original quantitative research on religion, spirituality and health. Religion/spirituality-health researchers, educators, health professionals, and religious professionals will find this resources invaluable. Available (\$105.94) at: <http://www.amazon.com/Handbook-Religion-Health-Harold-Koenig/dp/0195335953>

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

This book summarizes and expands the content presented in the *Duke Research Workshop on Spirituality and Health*, and is packed full of information necessary to conduct research in this area acquired over 25 years by the author. Available (\$39.96) at: <http://templetonpress.org/book/spirituality-and-health-research>.

FUNDING OPPORTUNITIES

George Family Foundation Grants

This foundation gives out small grants (\$2,500 to \$55,000) for projects that promote integrated approaches to health and healing. They seek to fund programs and initiatives that advance an integrated, patient-centered approach to healing, encouraging people to take responsibility for their health supported by a diverse team of healthcare providers. They are also interested in enhancing the positive impact of religious faith and spiritual connection. They fund programs that contribute to interfaith harmony and that enrich the inner lives of individuals, families and communities. Grants awarded in 2011 totalled \$200,000. For more information, to website: <http://www.georgefamilyfoundation.org/about/>.

Templeton Foundation Online Funding Inquiry (OFI)

The Templeton Foundation will be accepting the next round of letters of intent for research on spirituality and health between **August 1 and October 1, 2013**. If the funding inquiry is approved (applicant notified by November 5, 2013), the Foundation will ask for a full proposal that will be due March 3, 2014, with a decision

on the proposal reached by June 20, 2014. The three main areas in religion, spirituality and health that the Foundation funds are: (1) research on causal mechanisms (basic psychosocial, behavioral, and physiological pathways), (2) increasing competencies of health care professionals in working with religious patients (physicians, but also psychologists and experts in public health), and (3) research involving the development of religious-integrated interventions that lead to improved health. More information: <http://www.templeton.org/what-we-fund/our-grantmaking-process>.

Varieties of Understanding Research Grants

This is a three-year initiative based at Fordham University in New York. It will examine the various ways in which human beings understand the world, how these types of understanding might be improved, and how they might be combined to produce an integrated understanding of the world. As part of the 3.85 million dollar project, approximately 2 million dollars will be distributed to scholars, including: \$1.2 million for work in **psychology**, \$500,000 for work in **philosophy**, \$250,000 for work in **theology** and **religious studies**. Proposals will be due November 1, 2013. For more information see: <http://www.varietiesofunderstanding.com/index.html>

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

2013 CALENDAR OF EVENTS...

October

- 12 **Health, Science and Faith**
First Presbyterian Church
Boulder, Colorado
Presenter: Phillip Yancey, Harold Koenig
Contact: Dr. Allan Graham (allangrahamhome@comcast.net)
- 26 **Religion, Spirituality and Health**
Marshalltown Medical and Surgical Center
Marshalltown, Iowa
Presenter: Koenig
Contact: Rev. Kris Snyder (ksnyder@marshmed.com)
- 30 **Rethinking Spirituality and Health Research: A Philosophical and Ethical Exploration**
Warren Kinghorn, M.D., Th.D.
Assistant Professor, Psychiatry DUMC
Assistant Professor, Pastoral and Moral Theology, Duke Divinity School
Durham, North Carolina
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

November

- 20 **How feeling good is not only a consequence but also a predictor of religious/spiritual beliefs**
Patty Van Cappellen, Ph.D.
Postdoctoral fellow, UNC Chapel Hill, Department of Psychology
Durham, North Carolina
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)