Event Program

“Lifecourse Perspectives on Spirituality and Health in Diverse Religious Communities”

June 3–5, 2009

Washington Duke Inn & Golf Club
Durham, North Carolina

Sponsored by the Duke University School of Medicine
Presented by the Duke Center for Spirituality, Theology and Health
The annual meeting is designed to bring together transdisciplinary scholars and interested physicians, clergy, chaplains, nurses and lay persons from the United States and other parts of the world to present and discuss the latest research in spirituality, theology, and health. The keynote and plenary speakers represent a variety of specialties through which researchers are asking the questions and doing the research needed to advance the field. This meeting seeks to promote thought and research about the relationships among spirituality, religion and health across the lifespan and within diverse religious, theological and spiritual traditions. The meeting will allow participants in the Society to become acquainted with one another, to share ideas, and to further the development of the field. The meeting will also allow junior scholars an opportunity to network with each other as well as to present their research and discuss it with senior scholars.

Learning Objectives
At the conclusion of this activity, participants should be able to:
- Illustrate the relationship between spirituality and health for different religious and theological traditions
- Describe the relationship between spirituality and health across the lifecourse
- Recognize ways in which religious and faith communities can affect the health of individuals and broader communities

Unapproved Use Disclosure
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The information provided at this CME/CE activity is for continuing education purposes only and is not meant to substitute for the independent medical/clinical judgment of a healthcare provider relative to diagnostic and treatment options of a specific patient’s medical condition.

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ACCREDITATION: The Duke University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

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Credit Designation (CE)
Duke University Health System Clinical Education & Professional Development is authorized by IACET to offer 1.1 CEU for this conference.
Faculty Disclosure

Activity Medical Co-Directors:
Keith Meador, MD, ThM, MPH & Harold Koenig, MD, MHSc

Staff and Content Validation Reviewer Disclosure:
The staff involved with this activity and any content validation reviewers of this activity have reported no relevant financial relationships with commercial interests.

Resolution of Conflicts of Interest:
In accordance with the ACCME Standards for Commercial Support of CME, the Duke University School of Medicine implemented mechanisms, prior to the planning and implementation of this CME activity, to identify and resolve conflicts of interest for all individuals in a position to control content of this CME activity.

Planning Committee/Faculty Disclosure:
The following speakers and/or planning committee members have indicated they have no relationship(s) with industry to disclose relative to the content of this CME and CE activity:

- Wendy Cadge, PhD
- Faye Calhoun, PhD
- Catherine Craver, BA, MEd
- Lori Carter-Edwards, MPH, PhD
- Timothy Daaleman, DO, MPH
- Dayle Friedman, MSW, MAJCS, BCC
- Linda George, PhD
- Adnan Hammad, PhD
- Stanley Hauerwas, PhD
- Harold Koenig, MD, MHSc
- Keith Meador, MD, ThM, MPH
- Pamela Reed, PhD, RN, FAAN
- Joel Shuman, PhD
- Christian Smith, PhD

The following speakers and/or planning committee members have indicated that they have relationship(s) with industry to disclose:

- Farr Curlin, MD has indicated that he is an Advisory Board Member of Boehringer Ingelheim.
Schedule of Events

Wednesday June 3, 2009

3:00 – 6:30  Registration  Matlock

4:30 – 6:00  Poster Presentations & Reception*  Presidents Gallery & Presidents III

Opening Session  Presidents I & II

6:00 – 6:15  Welcome  Presidents I & II

6:15 – 6:30  Opening Remarks: Faye Calhoun, PhD  Presidents I & II

6:30 – 7:30  Keynote: Stanley Hauerwas, PhD  Presidents I & II

“The Refusal to Cease Suffering”

7:30 – 9:00  Larson Lecture: Farr Curlin, MD  Presidents I & II

“What Moves the Scalpel? Science, Religion & the Practice of Medicine”

9:00 – 9:05  Closing & Announcements  Presidents I & II

9:05 – 10:00  Registration  Matlock

Thursday June 4, 2009

7:00 – 8:30  Registration  Presidents Gallery

8:30 – 10:00  Plenary: Christian Smith, PhD  Presidents I & II

“Religious Influences among Adolescents and Emerging Adults on Life Wellbeing Outcomes”

10:00 – 10:30  Break & Registration  Rotunda & Presidents Gallery

10:30 – 12:00  Plenary: Adnan Hammad, PhD  Presidents I & II

“Arab American Community-Based Health Model within a Cultural and Spiritual Framework”
12:00 – 1:30  Lunch Vista Restaurant

1:30 – 3:00  Plenary: Wendy Cadge, PhD Presidents I & II
“Reaching In & Reaching Out: Hospital Chaplaincy as Profession”

3:00 – 5:30  Paper Presentations Forest AB, Ambassador Duke, Ambassador Allen/McGhee, Matlock, Biddle

5:30 – 7:00  Poster Presentations* Presidents Gallery

Friday June 5, 2009

7:00 – 8:30  Registration Presidents Gallery

8:30 – 10:00  Plenary: Rabbi Dayle Friedman Presidents I & II
“Seeking the Tzelem: Making Sense of Dementia”

10:00 – 10:15  Break Rotunda

10:15 – 10:30  Kaplan Award Presentation Presidents I & II

10:30 – 12:00  Discussion Panel Presidents I & II
“New Horizons in Spirituality, Theology & Health”

12:00 – 3:00  Lunch Networking Groups Poster Presentations* Presidents III & IV Presidents Gallery

*Posters will remain available for viewing from Wednesday June 3 at 4:30 PM until Friday June 5 at 3:00 PM.
Please sign in for each session in Presidents I (the opening session and plenary sessions) to receive CME and CEU credits.
There will be opportunities for questions and answers at the end of the Keynote Address and at the end of each Plenary and Paper session.
Discussion Panel

**Lori Carter-Edwards, PhD** is the Director of Health Promotion and Disease Prevention in the Division of Community Health in the Department of Community and Family Medicine at Duke. She received her BA from the University of Notre Dame, an MPH from the UCLA School of Public Health and a PhD at the University of North Carolina at Chapel Hill School of Public Health. She completed her postdoctoral training at the Duke Hypertension Center in the Duke University Medical Center as a recipient of a Minority Postdoctoral Research Supplement. Her research interests and expertise are in the area of social epidemiology, with an emphasis in cardiovascular disease and diabetes in underrepresented populations. She has experience leading and conducting hypertension-related church-based studies in African American populations. Currently, she is involved with projects investigating lifestyle behaviors and health care access in adolescent, postpartum, and elderly populations at risk for cardiovascular-related diseases and their complications.

**Timothy P. Daaleman, DO, MPH**, is Vice Chair and Associate Professor of Family Medicine and Research Fellow in the Program on Aging, Disability, and Long-Term Care in the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill. Dr. Daaleman received a BA from Yale University and his medical degree from the University of Health Sciences-College of Osteopathic Medicine. After his family practice residency at the University of Kansas Medical Center, he completed an academic family medicine fellowship and his MPH at the University of North Carolina. Dr. Daaleman’s interests include religion, spirituality, and medicine, social and cultural influences on end-of-life care and chronic illness, aging and the life course, patient-provider interactions, medical sociology, and primary care. Dr. Daaleman’s work has appeared in the *Journal of the American Medical Association*, the *Annals of Family Medicine*, *Social Science and Medicine* and *Bioethics Forum*.

**Linda K. George, PhD** is Professor of Sociology and Associate Director of the Center for the Study of Aging and Human Development at Duke University. Dr. George did her undergraduate work at Miami University and her doctoral work at Duke University. She is the author/editor of seven books, more than 200 journal articles, and more than 80 book chapters. She is co-editor of the *Handbook on Aging in the Social Sciences* (third – sixth editions). Her major research interests include: social factors and depression; the effects of stress and coping, especially the stress of caring for an impaired family member; the relationship between religion and health; and the effects of beliefs and expectancies on health. Among her awards are the Mentorship Award of the Behavioral and Social Sciences Section of the Gerontological Society of America, and the John Templeton Prize for Exemplary Papers at the Interface of Science and Human Values.

**Harold Koenig, MD, MHSc** is Professor of Psychiatry and Behavioral Sciences and Associate Professor of Medicine at Duke University Medical Center. He is also a registered nurse. He is founder and former director of Duke University’s Center for the Study of Religion, Spirituality and Health, and is founding Co-Director of the current Center for Spirituality, Theology and Health at Duke University Medical Center. He has published extensively in the fields of mental
health, geriatrics, and religion, with over 300 scientific peer-reviewed articles and book chapters and nearly 40 books in print or in preparation. His research on religion, health and ethical issues in medicine has been featured on over 50 national and international TV news programs, over 80 national or international radio programs, and hundreds of national and international newspapers or magazines. His books include The Handbook of Religion and Health; Spirituality in Patient Care, 2nd edition; and Spirituality and Medicine.

Keith Meador, MD, ThM, MPH is Professor of Psychiatry and Behavioral Sciences and Associate Professor of Medicine at Duke University Medical Center. His scholarship builds on his clinical, research and teaching background in mental health, pastoral theology, and public health. He lectures widely and has published numerous publications including the co-authored book, Heal Thyself: Spirituality, Medicine, and the Distortion of Christianity. He is the founding Co-Director of the Center for Spirituality, Theology and Health. Dr. Meador provides educational leadership through seminars, lectures, and curricular course offerings. His scholarship includes theological and conceptual exploration of the intersections of theology and health along with empirical research in practices of caring and the health of faith communities and clergy. Dr. Meador is the Medical Director for Inpatient Psychiatry at the Duke affiliated Durham VA Hospital and serves as a Senior Fellow in the Duke Center for the Study of Aging and Human Development.

Pamela Reed, PhD, RN, FAAN, is Professor at the University of Arizona College of Nursing. She received her academic degrees from Wayne State University in Detroit, Michigan: a BSN and an MSN, which prepared her as a clinical nurse specialist and educator in Child & Adolescent Psychiatric-Mental Health Nursing. In 1982, Dr. Reed received her PhD in nursing, with a lifespan developmental focus on spirituality, aging and end-of-life. She was one of the first in the discipline to study spirituality as an area of scientific inquiry, and has developed a nursing theory of self-transcendence and two widely-used research instruments, the Spiritual Perspective Scale and the Self-Transcendence Scale. She also publishes on nursing philosophy and knowledge development. Dr. Reed is a fellow in the American Academy of Nursing. She lives with her two daughters and husband in Tucson, Arizona.

Joel James Shuman, PhD, teaches and chairs the Department of Theology at King's College. He received a degree in physical therapy from the Medical College of Virginia and after practicing for several years, he returned to school to develop his interests in Christian theology and moral and political philosophy. He earned an MTS and a PhD in Religion from Duke University. Dr. Shuman works primarily at the intersection of theology with medicine. A frequent public speaker and the author of numerous popular and scholarly articles, he has written four books: The Body of Compassion: Ethics, Medicine and the Church, Heal Thyself: Spirituality, Medicine and the Distortion of Christianity (with Dr. Keith Meador), Reclaiming the Body: Christians and the Faithful Use of Modern Medicine (with Dr. Brian Volck), and To Live is to Worship: Bioethics and the Body of Christ. He co-edited and contributed to the forthcoming volume Earth’s Heavenly Home: Wendell Berry and Religion.
Keynote and Plenary Sessions

Wednesday, June 3 6:30 PM
“The Refusal to Cease Suffering”
Stanley Hauerwas, PhD
This address will provide an analysis of current attitudes toward suffering and how those attitudes shape our care of one another through the office of medicine.

Wednesday, June 3 7:30 PM
“What Moves the Scalpel? Science, Religion and the Practice of Medicine”
Farr Curlin, MD
No one ever asks what science has to do with medicine any more than they ask what books have to do with education and tools have to do with carpentry. Over the past century and a half, medical science has generated enormous advances in alleviating human illness and forestalling death, and there is good reason to expect substantial further progress. Yet, for all of the contributions of science, medicine remains animated and directed by other, less tangible, forces. A reasonable practice of medicine must give an account for what makes human life worthy of care and attention and how the medical arts contribute to human flourishing. For most people, such accounts begin in religion; for some they begin in a secular moral tradition. In this lecture, Farr Curlin will unpack the way medicine looks beyond science to find forces that motivate care for the sick, direct the application of medical technology, and ground clinical care in an orientation to the patient as person. He will suggest that even though religious ideas are rarely made explicit in public and professional discourse about medicine, they are everywhere implicit and operative, necessarily so. In this light, Curlin will argue that the time is ripe for clinicians and laypeople to develop practices of medicine that are more fulsomely and self-consciously grounded in and informed by religion.

Thursday, June 4 8:30 PM
“Religious Influences among Adolescents and Emerging Adults on Life Wellbeing Outcomes”
Christian Smith, PhD
What role does religion play in constructively forming the lives of teenagers and emerging adults? How in research might we distinguish causal from merely associational relations between religion and life outcomes? And, to the extent that we believe that religion operates with causality in the life outcomes of youth, what are the actual causal mechanisms by which those influences are exerted? Building on findings from the National Study of Youth and Religion—a three-wave panel study with a sample spanning 13 to 23 year-olds—this talk examines the complexities, patterns, and opportunities for future research concerning the link between religion and positive outcomes in the lives of youth.
Thursday, June 4 10:30 AM  
“Arab American Community-Based Health Model within a Cultural and Spiritual framework”  
Adnan Hammad, PhD

Arabs in the state of Michigan are the third largest minority group and the fastest growing population in the state. The numbers continue to grow at a rapid pace with more than 60,000 refugees who settled in our communities during the last ten years.

Sickness is a condition of persons unwanted by themselves, and conceptions, theories, and experiences of sickness are elements of socially transmitted cultural systems.

Despite this fact and a growing Arab American population, knowledge of Arab culture and spirituality is not prevalent among the general population. With respect to health care, many providers continue to find themselves in positions in which they are unable to either understand the cultural patterns of their diverse patient populations or comprehend the health-related behavioral motivations of these patients. This presentation will illustrate the relationship between culture, spirituality and health across the lifecourse of Arab Americans.

Friday, June 5 8:30 AM  
“Seeking the Tzelem: Making Sense of Dementia”  
Rabbi Dayle Friedman, MSW, MAJCS, BCC

Losing our memories is perhaps the prospect that frightens us the most as we contemplate growing older. As a culture and a community, we desperately seek to distance ourselves from this perceived nightmare, and, as a result, we deny people living with dementia their true humanity. Drawing on concepts from Jewish tradition, this presentation will offer a spiritual framework for understanding and companioning the journey of dementia—for the person living with this challenge, and for family and professional caregivers who also walk this path.
“Spirituality and Health in the Lives of Low-Income Families”
Pamela Kumari Joshi, PhD
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Co-authors: Stephanie Hawkins, PhD; Erin Hardy, MA

There is a dearth of research focusing on the effects of religiosity and spirituality on health outcomes among economically vulnerable families. Policymakers and health practitioners are interested in understanding whether religiosity and spirituality can buffer the deleterious effects of poverty on family and community health over the life course by encouraging productive health practices, developing positive social networks, and encouraging utilization of health services. Alternatively, it has been suggested that religiosity could be a source of stigma or concern that negatively impacts poor families, particularly single parent families who can feel stigmatized due to religious beliefs emphasizing marriage. This presentation will highlight the results of our HHS-sponsored review of the conceptual models and empirical research examining the impact of religiosity and spirituality on a broad set of health outcomes for families with low incomes. Implications for future research and federal faith-based policies will also be discussed.

“Innovations in Medical Education: The Formative Power of Relationships”
Mark Stoltenberg, BA
Albert Schweitzer Fellow, Medical Student
Loyola University Stritch School of Medicine
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Many students enter medical school with strong interest in the realm of underserved medicine and health inequalities. However, this interest is often teamed with a relative lack of experience with the realities of underserved communities and the unique challenges they sometimes present. In light of this, a new service-learning program titled Project CARE (Community Advocacy through Relationships and Education) was started at Loyola Stritch School of Medicine. The program connected eight first-year medical students with families struggling with their healthcare and other social services. The role of the students was to act as health system navigators, patient advocates and listening supporters. The students also attended training sessions and group reflections. The presentation will focus on individual stories from the program’s first year and the lessons learned by the participating students. Concluding remarks will touch on the value of utilizing a relationship model in medical education and the responses of faith communities to health disparities.

“The Effect of Perceived Stress and Religiosity as Modulators of hs-C-reactive Protein, a Known Risk Factor for Cardiovascular Disease”
Bruce Nelson, MA
Director of Community Services
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Background: Studies have shown an association between perceived stress and elevated high sensitivity-C-reactive protein (CRP) levels. CRP levels >3 mg/L indicate high risk for cardiovascular disease. This study assessed the relationship between perceived stress, religiosity and CRP.

Methods: Participants completed a health risk survey that incorporated traditional and lifestyle psychoneuroimmunology assessments, including perceived stress, and religiosity defined as regular church, synagogue or temple attendance. Serum CRP levels were analyzed in a cohort of 1,023 adults ages 18 to 89. Results: Those who commonly felt overstressed were 1.4 times more likely to have CRP levels >3 mg/L (p<0.01). Conversely, those who regularly attended church, synagogue or temple were 26% less likely to have CRP levels >3 mg/L (p<0.05). When stress and religiosity were combined, the effect on CRP remained significant (p<0.05). Conclusions: There may be clinical relevance suggesting religiosity reduces the negative effect of stress on elevated CRP levels.

4:30 – 4:50 PM

“A Theoretical Model of Holistic Health of United Methodist Clergy”

Rae Jean Proeschold-Bell, PhD
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Co-authors: John James, MA; Amanda Wallace, MDiv; Sara LeGrand, MS

Clergy health is important because of the large numbers of clergy and the impact that they have on congregants. Although mortality rates for clergy have historically been favorable, numerous studies indicate concern about clergy stress and its impact on clergy families. We conducted 11 focus groups with 59 United Methodist (UMC) pastors and 29 UMC superintendents. Participants were asked about their conceptualization of health and barriers to, and facilitators of, health by 2030. The majority of caregivers of this vulnerable population are family members who are often at increased risk for health problems themselves. The current research examines the specific mechanisms underlying the influence of religious involvement on the physical and mental health of 109 African American Christians providing intensive caregiving to elderly family members. Analyses tested the “Spiritual-Stress-Adaptation Model of Caregiving and Health,” which proposes that a) religious involvement enhances the spiritual aspects of caregiving rewards, which, in turn, b) decreases caregiving stressors while increasing supports and positive coping strategies, which c) increases the likelihood of positive health outcomes. Results show support for much of this proposed pathway, especially in terms of mental health. The presentation will explore the role of both organized religion and personal spirituality in maintaining health among family caregivers.
promotion. Audiotapes were transcribed and coded by two people each. Grounded theory analysis was used to develop a theoretical model of physical, mental, and spiritual health. Forty-three conditions at the individual, interpersonal, congregational, UMC institutional, and civic community level are proposed to impact clergy self-care practices and stress and coping, which in turn impact holistic health. Key conditions include: amount and complexity of work; financial strain; unhealthy churches; itinerancy, and support for work-life balance from UMC and church leaders.

### Generational Health & Spirituality

**Room: Ambassador Duke**

3:00 – 3:20 PM

**“An Exploration of the Meaning of Spirituality Voiced by Persons Living with HIV Disease and Healthy Adults”**

**Inez Tuck, PhD, MBA, MDiv**
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Co-authors: Wantana Thinganjana, PhD

Spirituality positively affects disease progression and improves quality of life and well-being. This study explores the meaning of spirituality voiced by 75 healthy adults and persons living with HIV. They answered two questions: What is the meaning of spirituality to you? How does spirituality affect your daily life? Responses were content analyzed. Six categories emerged for each. Themes for persons living with HIV: spirituality is relating and believing in God; spirituality is being guided or helped; spirituality is expressed in outward ways; spirituality is journeying, discovering, centering; and spirituality is feeling the presence of God. Themes for healthy adults: a belief in a personal relationship with God; a connection and relationship with others; spiritual journey, guide or struggle; spiritual essence of self; spirituality expressed in actions and finally, integral spirituality. An exhaustive statement summarizes these relationships. Findings support previous views of spirituality.

3:30 – 4:00 PM

**“Spirituality in Elderly Depressed Psychiatric Inpatients”**

**Katherine M. Piderman, PhD**
Coordinator of Research, Chaplain Services
Assistant Professor of Psychiatry
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Co-authors: Maria I. Lapid, MD; Susan M. Ryan, MEd; Susanna R. Stevens, MS

We investigated the spirituality of 45 elderly depressed psychiatric inpatients, and explored associations between spirituality, depression, and quality of life (QOL). Standardized questionnaires (HamD, SF36, QOL LASA, COPE) were used to measure depression, QOL, and coping at admission and discharge. Spirituality was assessed with items from these questionnaires and a structured spiritual assessment. Most participants reported positive, active spirituality at baseline, but prior to hospitalization several experienced more spiritual distress and less spiritual activity, comfort, and guidance. At discharge, participants reported increased spiritual well-being (SWB) on the QOL LASA (p=0.007), and less hopelessness (p<0.001), worthlessness (p= 0.028), and guilt (<0.001) on the HAM-D. Associations were detected between several spiritual variables and QOL and depression, including...
discharge SWB and QOL ($r = 0.34; p = 0.025$) and discharge SWB and depression ($r = -0.47; p = 0.001$) Research is needed to determine whether and what spiritual interventions may help improve or maintain depression and QOL in the elderly.

4:00 – 4:20 PM

“Stability of Religious and Spiritual Variables among Adolescent Psychiatric Patients”

Rachel Dew, MD, MHSc
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Co-authors: Stephanie Daniel, PhD; W. Vaughn McCall, MD, MS; Harold Koenig, MD, MHSc

Medical literature generally treats religiousness as a static trait. However, longitudinal stability of religiosity is understudied. As religion/health research develops among adolescent subject populations, given tremendous emotional and cognitive changes in adolescence, this question becomes particularly relevant.

104 adolescent psychiatric outpatients completed a multidimensional religiosity measure at two time points. Stability of 14 subscales over time was assessed using intra-class correlation coefficients (ICC), in full and stratified samples.

Median follow-up was 205 days. Overall, ICC ranged from 0.41-0.96, with most subscales showing moderate stability. Substantial differences in ICC were not observed when stratified by gender or race, but were evident when considering subject age. Among adolescents endorsing substance abuse or significant depressive symptoms, ICC tended to decrease.

Religiousness does not show marked stability over time among adolescent psychiatric outpatients; religious change may be associated with substance abuse or depression. Design and interpretation of religion/health literature should take possible longitudinal variation into account.

4:30 – 4:50 PM

“Elder Abuse and Neglect: Clergy Awareness, Knowledge, Intervention, Preferences and Perceived Severity”

John D. Rudnick, Jr., EdD, MA, LNHA, FACHE
Administrator, Holy Family Home, Xavier University
Assistant Professor, Thomas More College
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This descriptive survey and study explores issues related to the general research questions: “What is the perceived level of elder abuse and neglect awareness, knowledge and intervention preferences among Protestant clergy in Kentucky?” Survey responses are paired to examine relationships between demographic characteristics and the facets measured — awareness, knowledge intervention preferences, and perceived severity of elder abuse and neglect. Of the 300 clergy solicited, 160 participated for a response rate of 53.3%. The survey data indicate that 56% of the clergy sample do not know that Kentucky is a mandatory reporting state for elder abuse and neglect. Overall, clergy are generally not aware of their responsibilities and lack detailed knowledge about elder abuse and neglect. Participating clergy have a gap in knowledge about elder abuse and perceived types of abuse differently and initial training and continuing education does not appear to be tailored to elder abuse and neglect.
“Grief, Spirituality and Health in Later Life”
Elizabeth MacKinlay AM, BA, BTh, MEd, PhD, RN, FRCNA
Associate Professor, School of Theology
Charles Sturt University
Director, Centre for Ageing and Pastoral Studies
St. Mark’s National Theological Centre
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This paper addresses ways that two groups of older people addressed issues of grief and resilience in loss. The qualitative studies used ground theory with twenty frail cognitively competent elders and 113 with dementia, aged 62-96, in residential care. Interviews used spirituality in ageing model (MacKinlay 2006). The frail elderly group were interviewed and data analysed, but no treatments were instituted, due to their level of frailty. Following in-depth interviews the group with dementia was assigned to small groups that participated in weekly sessions of spiritual reminiscence over six or 24 weeks. The group with dementia had a mean MMSE of 18.12 at entry and 16.09 at exit. Data were analysed using NVivo7 qualitative data package, for this paper, expressions of grief and signs of resilience are reported. Grief was an important topic for both groups, although those with dementia often found the naming of a relationship difficult.

“African American Pastors’ Willingness to Engage in a Health Promotion Program”
Lori Carter-Edwards, PhD, MPH
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African American pastors often endorse health promotion programs in their churches, but will not participate. It has been hypothesized that if pastors are healthy, they have healthy relationships with family and healthy congregations. Yet, little is known about their interests in participating in health promotion programs. This preliminary report assessed their interests in such an intervention. A total of 118 Baptist and African Methodist Episcopal senior male pastors were asked to respond, within two weeks of receiving a mailed survey, questions about participation, topics of greatest educational interest, and preferred mode of education. Of the 46 respondents, 85% were willing to participate, yet less than 45% with their spouse (98% were married). Healthy food on-the-go, preventing or managing chronic diseases, and preparing a sermon/bible study on healthy lifestyles were the most common education preferences. Seminars with other pastors were the preferred education mode. Implications for these findings are discussed.
3:30 – 3:50 PM

“Spiritual Needs of Parents Facing Termination of a Wanted Pregnancy because of Fetal Anomaly”

F. Susan Cowchock, MD, MAHL, Prov. BCC
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Co-authors: G. Swamy, MD; S. Floyd, MD; K. Meador, MD, ThM, MPH

Parents planning pregnancy termination at DUMC because of fetal anomaly were invited to participate in a survey of spiritual needs. The birth defect was considered lethal in 4/6 cases. Parents in the study preferred to discuss their spirituality/religious beliefs with clergy. Professionals who might play such a role were rated as “Yes” in these ratios: Nurse (0/9), Obstetrician (1/9), Social Worker/Mental Health Worker (2/9), Hospital Chaplain (4/9), Own Pastor (7/9). None of these parents wanted members of their healthcare team (other than clergy) to pray with them. Personal religiosity was most important for them. Parents facing the termination loss of a wanted pregnancy would prefer to discuss their beliefs or pray with clergy, rather than medical staff. They stress the need for guidance and forgiveness. Training should be offered to community clergy to help them meet the needs of these families.

4:00 – 4:20 PM

“The Relationship between Physicians’ Beliefs about the Effect of Religion on Health and their Willingness to Discuss Religion with Patients in Different Clinical Settings”

Kenneth A. Rasinski, PhD
Research Assistant Professor
The University of Chicago
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Co-authors: Farr A. Curlin, MD

The importance of religion to patients’ health and well-being has been well documented, but little is known about the determinants of physicians’ willingness to discuss religion with their very ill or troubled patients. This research examines the role of physicians’ beliefs about the effects of religion on patients’ health on their reports of talking about religion and spirituality to patients in difficult circumstances. It is important to examine this because physicians’ beliefs can be changed through education, implying that this type of doctor-patient communication can increase.

Data were from a national survey of physicians. Doctors were asked to give their attitudes to three items indicating negative effects of religion on health behaviors and four items indicating positive effects. Endorsement of positive items was significantly related to talking about religion and spirituality; none of the negative beliefs were related. The results held after various background characteristics were taken into account.
Paper Sessions continued

4:30 – 4:50 PM
“An Outlandish Idea Pursued: Evidence-based Spiritual Care Best Practices II”
James L. Travis, III, PhD, BCC
Emeritus Clinical Professor, Duke Divinity School
Regional Director, The Association of Professional Chaplains
maracperd@aol.com
Co-authors: Rev. John J. Gleason, DMin, BCC; Rev. Yoke Lye Lim Kwong, MA, BCC

The Ideal Intervention Paper for CPE students was adapted from a cognitive therapy template to consolidate learnings and to allow replication. Since 2006 a growing number of students across the ACPE regions have completed Ideal Intervention Papers. These, and lately more concise Ideal Intervention Forms for students and for experienced practitioners, are being collected for editing and inclusion in a knowledge base. Editors will transform these IIPs and IIFs into Potential Best Practices. Other practitioners then access the knowledge base to inform their own interventions. If recipients of that care rate it as effective, the designation Tentative Best Practice will be applied and the cycle repeated by other chaplains, culminating in the designation Spiritual Care Best Practice. An introductory presentation was given at the Society’s First Annual Conference. A case study and scenario are the foci of this second presentation.

5:00 – 5:20 PM
“Belief in a Caring God Predicts Response to Treatment for Depression”
Patricia E. Murphy, PhD
Assistant Professor and Chaplain
Rush University Medical Center
punita.gandhi@duke.edu
Co-author: George Fitchett, PhD

Religious belief has been shown to be associated with lower levels of depression through the mediation of hopelessness. The purpose of this study was to examine the impact of religious belief on response to treatment for depression. It further hypothesized that hopelessness would mediate the effect of belief on response. Shortly after admission to inpatient or outpatient treatment for clinical depression and 8 weeks later, 136 adult patients completed the Beck Depression Inventory, the Beck Hopelessness Scale and the Religious Well-Being Scale. Logistic regression models supported an association of baseline religious belief, but not baseline hopelessness, with a 50% reduction in symptoms from admission. Belief in a concerned God might be important for patients in countering negative aspects of depression. It is possible that persons experiencing religious distress might do more poorly in recovery. Clinicians need to be aware of the role of religion for their clients.

Spiritual Assessment Across Religions
Room: Forest AB

3:00 – 3:20 PM
“Understanding the Nature of Spiritual Experiences: A Qualitative Study”
Punita Gandhi
Counseling Psychology Intern, Duke University
Doctoral Candidate, Indiana University-Bloomington
punita.gandhi@duke.edu

The study uses qualitative methodology to understand the nature of spiritual experiences that resemble self-realization or oneness of participants who come from different religious and national backgrounds. The study draws upon Habermas' theory of
communicative action to explore narratives, the linguistic structures, and representational knowledge used by participants to comprehend and communicate such an indescribable experience. Reconstructive analysis was used to draw out implicit meanings and linguistic structures such as metaphors, paradoxes, analogies, stories, and implicit theories from comprehensive interviews and make them explicit.

Results show striking similarities in insights across all four participants regarding core aspects of spirituality. These findings are also well reflected in spiritual teachings and literature across different religions, nations, and traditions. The analysis showed differences between participants in the symbolic representations and their own unique imagery they used to communicate their experience. In spite of varied experiences and diverse representations, the essence of spiritual understanding was similar across all participants.

3:30 – 3:50 PM
“**A Rasch Analysis of the Daily Spiritual Experiences Scale**”
George Fitchett, DMin, PhD
Associate Professor and Director of Research Department of Religion, Health and Human Values Rush University Medical Center george_fitchett@rush.edu
Co-authors: Barth Riley, PhD; Leila Shadhabi, MS; Lynda Powell, PhD

A common hypothesis about how religion/spirituality affects health is by improving host resistance to the negative effects of stress. Daily spiritual experiences have been thought to play a key role in this process. Having a valid and reliable measure of daily spiritual experiences is a prerequisite for testing this hypothesis. We employed the Rasch model to examine the psychometric properties of the Daily Spiritual Experiences Scale (DSES). The Rasch model estimates the probability of item endorsement based on person ability and item difficulty. Data were taken from 420 white and African-American midlife women participants in the Chicago site of SWAN. We found the DSES had reasonably good person and item reliability, but there were problems with the response scale, with multi-dimensionality, item misfit, and assessment of the continuum of the construct. Developing additional items that measure a continuum of daily spiritual experiences will improve the scale.

4:00 — 4:20 PM
“**The Evolution of Spirituality in the Nursing Literature**”
Nancy D. Blasdell, PhD, RN
Assistant Professor Rhode Island College School of Nursing nancym007@cox.net

For over 40 years, spirituality can be traced back in the Nursing Cumulative Index. From 1956-1975 the term “Religion and Religions” was used as the subject heading. As the articles were published in the 1950’s, the literature was dominated by the Catholic religion. During this time, nurses were seen as servants and served as a secondary role to the Roman Catholic priest. In addition, the focus at that time was action oriented and focused on what the nurse could do for the patient. It wasn’t until 1976 that spiritual assessment was addressed in the nursing literature. As the years progressed, spirituality in the nursing literature began to explode into a life of its own and began to surface in the area of research. Spirituality broadened to include all areas of faith and the literature began to also investigate spirituality from the patient’s perspective.
4:30 – 4:50 PM

“Religious and Spiritual Perspectives among Clients in a Mental Health Day Care Setting”

Anne E. Belcher, PhD, RN
Associate Professor and Director,
Office for Teaching Excellence
Johns Hopkins University School of Nursing
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The purpose of this study was to determine clients’ perceptions of religion and spirituality and their impact on their lives. After a pilot study indicated that these clients could and would participate in a focus group, nursing students at the setting recruited a group of men and women to be in one of two focus groups. Queries to which the participants responded included the following: how do you define religion? Tell me about religious practices in which you engage. How do you define spirituality? Have you ever experienced spiritual distress? What religious or spiritual practices give you comfort? Participants in each group focused on organized religion and the church most often in answering each of the questions. They were attentive to one another and asked for additional sessions in which to further explore religious and spiritual coping strategies. Recommendations for clinical practice, education and further research will be presented.

5:00 – 5:20 PM

“Theology and Health Assessment”

James F. Ward, PhD, MALS, MA
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Co-authors: Richard Rogers, MD; Aileen Loranger, RN, ARNP, PhD

The lifecourse has been described as “a multidisciplinary paradigm for the study of people’s lives, structural contexts, and social change. This approach encompasses ideas and observations from an array of disciplines, notably history, sociology, demography, developmental psychology, biology, and economics. In particular, it directs attention to the powerful connection between individual lives and the historical and socioeconomic context in which these lives unfold.” It is not surprising that theology is not mentioned as one of the disciplines informing the lifecourse, since it is widely presumed not to contribute knowledge relevant to public discussion of the conditions of human life. If to the contrary theology (as practices of the church including prayer, sacraments and training in the virtues) does provide objective knowledge of human existence, an assessment of human health ought to begin with theology.
Theological Considerations

Room: Matlock

3:00 – 3:20 PM

“Converting the Unbalanced Mind: Protestant Constructions of Mental Health”

Heather Hartung Vacek, MDiv, MBA
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Protestants profess a healing faith and concern for those who suffer. Bodies are healed, souls are saved, but how do Protestants react when illness affects believer’s minds? How are common mental illnesses like depression, schizophrenia and addiction understood by Protestants? Is mental illness discussed openly? Are churches understood as sites of healing and support? Do believers stage collective responses? Heather Vacek examines post World War II American Mainline Protestants and Evangelicals, as represented in the Christian Century and Christianity Today respectively, for their changing discourse on mental health. As the Mainline response moved from outrage to pious abdication, Evangelical response moved from discomfort to alternate institution building. And, as the 21st century dawned, both groups slid toward accommodation. Vacek’s work explores the beliefs and practices that underlie these changes.

3:30 – 3:50 PM

“Spiritual Care: Scope of the Issue”

Margaret Griffiths, MSN, RN
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University of Pennsylvania School of Nursing
griffimj@nursing.upenn.edu

Co-author: Anne Belcher, PhD, RN

Despite increased awareness of and interest in spirituality among health care providers at all levels, in all roles and in all settings, there is a general consensus that the knowledge base about and provision of spiritual care is inadequate. The strong correlation between spiritual health and physical health mandates that all health care providers assume responsibility for spiritual care. The focus of this paper is on the synthesis of data from seven studies that addressed spiritual expression and spiritual care among nurses practicing in educational, hospital and community settings. The findings have been used to create a framework for spiritual care education that can be used in academic and health care settings to prepare nursing students and nurses for meeting the spiritual needs of patients/clients.

4:00 – 4:20 PM

“Rethinking ‘Hyper-Religious’: Psychiatrist Diagnosis without Theological Awareness and Community Understanding”

Aaron Klink, MAR, MDiv, ThM
Chaplain Resident, Westbrook Fellow
Durham VA Medical Center
aaron.klink@duke.edu

As a member of the care team on an acute psychiatric ward, I have had the privilege of sitting in on the team meetings. Time and again residents claimed that patients were “hyper religious” because they were seen reading their Bibles all day, or because they talked about God. Often, as a chaplain, I had to remind the residents that this behavior simply might have been what their community expected them to do in their spare time. Such patients were often theologically very insightful, and had important things to say about religion and resiliency. “Hyper-Religiosity” is a subjective diagnosis in psychiatry, often made by medical staff without knowledge of the practices and expectations.
of the religious communities from which their patients come. Pathologizing religious behavior in psychiatry should not be simply a medical diagnosis based on behavior but a careful exploration of the patients’ formational communities.

4:30 – 4:50 PM
“Can the Incidence of Pregnancy Complications and Preterm Birth Due to Stress be Reduced by Surrender to the God of the Christian Faith?”
Andrea D. Clements, PhD
Professor, Department of Psychology
East Tennessee State University
clements@etsu.edu

The medical community has been largely unsuccessful at preventing preterm birth once preterm labor begins; therefore it would be advantageous to prevent rather than attempt to halt it. Stress has been implicated in the etiology of some cases of preterm birth so it follows that reduction of stress, or reduction of the effects of stressors, could impact the incidence of preterm birth. Stress interventions have been shown to reduce the incidence of pregnancy complications, beneficially affect physiology of mother and fetus, and in at least one study lengthen gestation. We are interested in the effects of religious coping as a means of reducing the impact of stressors during pregnancy; specifically the coping mechanism of surrender to the God of the Christian faith. We are currently attempting to develop an explanatory model demonstrating how women’s measured surrender to God predicts reported stress, gestation length, and number of pregnancy complications.

5:00 – 5:20 PM
“A Model for Spirituality and Health in Longterm Care: Ruth and Naomi Senior Outreach”
Jocelyn McGee, MSG, PhD
Staff Psychologist, G.V. (Sonny) Montgomery VAMC
Assistant Professor of Neuropsychology and Geropsychology
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Co-authors: Rev. Mary McQueen Porter, MSW, MDiv, DMin; Rev. Clara Lynn Bledsoe, MS, MDiv

In order to meet the spiritual needs of individuals residing in long-term care settings, their families, and their professional caregivers, Ruth and Naomi Senior Outreach (RNSO) developed a multi-faceted program for spiritual transformation. In this presentation, participants will receive: [1] an overview of the empirical base for the relationship between spirituality/religiosity and health especially as it pertains to long-term care settings; [2] an introduction to the theological and philosophical underpinnings of the RNSO approach; [3] a detailed description of our potentially replicable interfaith program which utilizes several healing modalities (spiritual companioning, the human-animal bond, and the spirituality of sound); and [4] a demonstration of two spiritually based exercises used by RNSO. The aim of RNSO is to support culture change in long-term care through building relationships and community; providing antidotes to loneliness, helplessness, and boredom which can be present in long-term care settings; and instilling hope.
Poster Sessions

The posters will be on display in the Presidents Gallery throughout the meeting. Formal poster sessions are on Wednesday, June 3, 4:30–6:00, Thursday, June 4, 5:30–7:00, and Friday June 5, 12:00–3:00.

Family & Community Health

“Self-Transcendence through Participation in Mission Trips”
Elizabeth Fiske, PhD, RN, NNP, BC
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“Mindfulness and Spirituality: Implications for Healthy Relationships”
Laura Eubanks Gambrel, MA
PhD Student
Virginia Tech
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“Spirituality and Sexual Attitudes”
Laura Eubanks Gambrel, MA
PhD Student
Virginia Tech
lauraeg@vt.edu
Co-authors: Darren Moore, MA

“Elder-Caregiver Dyad: Evidence for Interdependence of Psychological, Physical, Social and Spiritual Well-being”
Suk-Sun Kim, PhD, RN, MSN
Postdoctoral Research Fellow, Center for Spirituality, Theology and Health
Duke University Medical Center
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Co-authors: David Hayward, PhD; Harold Koenig, MD, MHSc; Keith Meador, MD, ThM, MPH

“Perceived Job Stress, Health, and Utilization of Pharmaceutical Medication among Clergy: Implications for Denominational Health and Well-Being Initiatives”
Kari Lauderback
Research Assistant
Center for Spirituality, Theology and Health
Duke University Medical Center
kari.lauderback@duke.edu

“Comparing Reported Benefits between Religious and Secular Groups: A Qualitative Analysis”
Holly Pope, MSPH, PhD (c)
Project Manager, Research Associate
The University of South Carolina
h pope@mailbox.sc.edu
Co-authors: Maggi Chandlee, MPH, PhD (c); Robert McKeown, PhD

“The Human Occupational and Social Dynamics of Spiritual Development”
Janice K. Ryan, OTD, OTR/L
Certified Human Systems Dynamics Professional
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“The Effect of the TOZI Healing Retreat on Family Survivors”
Inez Tuck, PhD, MBA, MDiv
Professor
Virginia Commonwealth University School of Nursing
ituck@vcu.edu
Co-authors: Beverly Baliko, PhD; Christine Schubert, PhD; Lorraine Anderson, MS

Generational Health & Spirituality

“Women Divine: Inter-generational Women’s Spiritual Themes and Activities”
Michele Keilty Briggs, PhD
Associate Professor of Counseling Psychology
James Madison University
briggsrnk@jmu.edu
Co-Authors: Ashley Sutt
“Religiosity and Functional Ability among African American and White Cancer Survivors”
Lee S. Caplan, MD, MPH, PhD
Professor and Assistant Director of Research
Morehouse School of Medicine Prevention Research Center
lcaplan@msm.edu

“Paradigm Shift towards Positive Health & Healthspan Outcomes in Orthopedic Events for Ageing Diverse Populations”
Christine Grant, PhD
Professor and Associate Dean of Faculty Development and Special Initiative
North Carolina State University College of Engineering
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Co-authors: Tonya Taylor-Harris, BA; Keith Meador, MD, ThM, MPH; Elizabeth Hooten, ScD; Khaled Saleh; Wendy Novicoff

“Healing in the ‘Pentecostal Tradition’”
Bonnie F. Hatchett, PhD, ACSW, LMSW BRE
Associate Professor
University of Arkansas
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“Suspicion about God and the Potential Health Consequences among the British”
Jean Kiernan, EdD
Chair, Associate Professor
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“Discernment and Hereditary Cancer: An Ignatian Perspective”
Charlotte LaForest, MA, MSW
Graduate Student, Boston College
Spiritual Care Coordinator, AseraCare Hospice
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“The Impact of Globalization on Health Habits and Spiritual-Well-Being amongst College Students in Mumbai, India”
Hillary A. Lewin, BA
PhD Candidate
Ferkauf Graduate School of Psychology Yeshiva University
Hillary.Lewin@gmail.com

Co-authors: Sonia Suchday, PhD; Heather Glubo, BA; Pejman Sheatpour, MD, PhD

“Forgiveness and Health among South African University Students”
Amy Owen, PhD
Research Assistant, Center for Tobacco Research and Intervention
University of Wisconsin-Madison
2009-2010 Postdoctoral Research Fellow, Center for Spirituality, Theology and Health
Duke University Medical Center
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Practices & Beliefs

“Assessment of the Religious Behaviors and Spiritual Experiences of Chronically Ill Older Adults”
Gracie H. Boswell, PhD
Research Scientist
University of North Carolina at Chapel Hill
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“Spiritual Perspectives of Intensive Care Nurses”
Deborah Boucher-Payne, BS, MDiv
Director, Pastoral Care & Patient Services
University of Nebraska Medical Center
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“The Diverse Spiritual and Religious Beliefs of Medical Students: Implications for Patient Care”
Jennifer Duncan, PsyD
Post-Doctoral Project Coordinator
Northwestern University
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Co-authors: Gloria M. Workman, PhD; Michelle M. Lee, PhD; Don E. Workman, PhD;

“Beyond Academia: Assessing the Spread of Findings from Religion and Health Research into Popular Culture (An Exploratory Analysis)”
Steven M. Frenk, MA
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**Poster Sessions continued**

Steven Foy, BA  
Graduate Student  
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Co-author: Keith Meador, MD, ThM, MPH

“Spirituality and Adaptation to Cancer: A Preliminary Model”  
Luz M. Garcini, MA  
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Health Psychology Research Group at the University of Houston  
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Co-authors: Stacy A. Ogbeide, MS; Mary J. Naus, PhD

“Spiritual Warfare: Moral Distress”  
Jennifer Gentry, RN, MSN, ANP, ACHPH, FPCN  
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Duke University Health System  
gentry054@mc.duke.edu  
Co-authors: Anthony N. Galanos, MD & Leslie Bryan, MD

“Religious & Spiritual Content in Physical Therapy Curricula: A Survey of U.S. Program Directors”  
Martha E. F. Highfield, PhD, RN  
Professor of Nursing  
California State University  
martha.highfield@csun.edu  
Co-authors: Diana J. Osterhues, PT, DPT, OCS, COMT; Lawrence Chu, PhD, MPH, MS

“Constructing Authentic Relationships through Client Narratives”  
Anne E. Jenkins, BS, MA, EdM, MDiv, DMin  
Assistant Professor of Occupational Therap Winston-Salem State University  
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“Healing the Feelings; Embracing Self-Love”  
Rev. Bettye Muwwakkil, Ph  
Executive Director  
Be-Whole Foundation  
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“Religious Coping and Quality of Life among Individuals Living with Schizophrenia”  
Jennifer A. Nolan, PhD, MHS, MS  
Associate Consultant, Psychiatry and Behavioral Sciences  
Duke University Medical Center  
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“View of God: Impact on Coping and Psycho-spiritual Outcomes for Breast Cancer Survivors”  
Judith A. Schreiber, RN, PhD(c)  
Research Assistant, PhD student  
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“Awakening a Sense of the Spiritual: Liver Organ Recipients’ Journey through Post-Transplant Recovery”  
Roberta Schweitzer, PhD, RN  
Assistant Professor  
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“Spirit Seeker’s Wholistic Expo: A Qualitative Study”  
Jessica Sippy, MA  
Graduate Student  
Washington University in St. Louis  
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“Effects of Sacred Shamanic Music on Trauma Related Disorders: Dissociative Disorders and Music Played on a Native American Flute”  
Lenore L. Wiand, PhD  
Group Facilitator  
Thomas More Institute  
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Spiritual Assessment Across Religions

“Does a Credible God Help Patients Cope?”
Saul Boyarsky, MD, JD, FACS, FAAGUS, FAAFS
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Research Associate Honors Causa, Center for Jewish Studies
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Co-authors: Mark S. Litwin, MD, MPH; Charles D. Scales, Jr.; Amit Bhagwandass, BA

“Beyond Religious Systems — A Simplified Understanding of Spirituality”
Peg Gotthold, BSM
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“Deconstructing the Spiritual Recovery Process”
Louis Nieuwenhuizen, MTh, MS, BCC
PsyD Student, Capella University
Hospital Chaplain, Rogue Valley Medical Center
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Theological Considerations

“The Spirituality and Health Connection from the Christian Perspective: So What?”
Dale Fletcher, MS
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Faith and Health Connection
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“Redefining Persons as Relations in Facing Dementia”
Arvin M. Gouw, BA, MA
PhD Student
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“Physician Training, Theology and Medical Decision Making: A Spiritual Approach to the Suffering Patient”
Elizabeth Marshall, MD
Family Physician
The Everett Clinic
emarshall@everettclinic.com

Co-authors: Hamish Wallis; Sue Waters; Penny Stubbs

“Hospital Chaplains’ Involvement in Research: Opportunities, Guidelines, and Implications for Spiritual Care”
Floyd G. O’Bryan, MS
Director of Chaplain Services
Mayo Clinic
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Co-authors: Katherine M. Piderman, PhD; Mary E. Johnson, MA

“Autonomy, Freedom, and Rational Suicide: Human Flourishing within End of Life Contexts: A Catholic Perspective”
Fr. Christopher M. Saliga, OP, RN
Chaplain and Medical Ethics Lecturer, Walsh University
Ethics Consultant, Dominican Friars Health Care Ministry of New York
csaliga@walsh.edu

“A Christian Response to Birth Defects: What does it Mean to be Human and a Child of God?”
Linda Skalski, BA
Graduate Student
Duke University
lms38@duke.edu
Co-author: Matthew Archer
The Center for Spirituality, Theology, and Health, at Duke University Medical Center is led by co-founders Dr. Keith Meador and Dr. Harold Koenig. The three main goals of the Center are to support research and education at the intersections of spirituality and health, to explore the role of faith communities in forming the health of the broader community, and to integrate research and scholarship into the practical disciplines of care and service.

A cornerstone of the Center’s work is the Community of Scholars, a multi-disciplinary team of nationally and internationally recognized scholars from Duke University, the University of North Carolina at Chapel Hill, and other colleges and universities. This group includes members from diverse disciplines such as medicine, theology, sociology, psychology, religious studies, public policy, and epidemiology who gather once a month to discuss their common work in order to stimulate research and scholarship at the intersection of spirituality, theology, and health. Current scholars include representatives from several traditions within Christianity as well as from Judaism and Buddhism.

The Center also supports innovative research in spirituality and health. The Center is currently administering seven innovative grants made by the John Templeton Foundation for the purpose of investigating how religion and spirituality – in particular, religious attendance, worship, and altruistic and caring activities – influence individual and community health.

Additional educational offerings of the Center include monthly seminars featuring nationally and internationally recognized Visiting Scholars, undergraduate and graduate student opportunities, summer research and clinical workshops, and a post-doctoral research fellowship program. For detailed information, please see our website: www.spiritualityandhealth.duke.edu.
Announcements

Books will be sold in the Presidents Gallery from 9:00 AM to 4:30 PM on Thursday June 4 and from 9:00 AM to 3:00 PM on Friday, June 5. An order form is also included in your conference packet.

UPCOMING SEMINARS 2009–2010 ACADEMIC YEAR

The Center for Spirituality, Theology and Health will be hosting a series of eight regularly scheduled conferences. These seminars will be held on the first Thursday of every month during the school year with the exception of September and of January (see below).

**September 10**
Anne Harrington, PhD
Chair, Professor of the
History of Science
Harvard University

**October 1**
Andrew Newberg, MD
Assistant Professor,
Department of Radiology
University of Pennsylvania

**November 5**
Sarah Coakley, PhD, ThD
Norris-Hulse Professor of Divinity
University of Cambridge

**December 3**
Robert Hummer, PhD
Professor of Sociology
The University of Texas at Austin

**February 4**
William Hurlbut, MD
Physician and Consulting Professor
Neuroscience Institute,
Stanford University

**March 4**
Robert Enmons, PhD
Professor of Psychology
University of California, Davis

**April 1**
Sally Severino, MD
Professor Emeritus of Psychiatry
University of New Mexico
School of Medicine

**May 6**
M. Theresia Lygaught, PhD
Associate Professor,
Department of Theology
Marquette University

Videos of the seminars will be made available online at www.spiritualityandhealth.duke.edu within one month of the seminar date. Archived videos are available to Society Members at www.societysth.org.

**Acknowledgements**

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**Duke Publications**
James Scott & Jimmy Aiken

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Jim Hodges

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Duke University
Kathy World

**FedEx Kinko’s Office and Print Center**
Ninth Street Durham
Dan Javel

This meeting is made possible in part by a grant from The John Templeton Foundation. www.templeton.org

**Robertson Emerging Scholars**

The Center for Spirituality and Health would like to thank the Robertson Scholars Program Collaboration Fund for supporting the attendance of students from Duke University and the University of North Carolina - Chapel Hill. The Robertson Scholars Program seeks to foster collaboration between Duke and UNC-CH.

**Membership**

Join the Society or renew your membership at www.societysth.org

**3rd Annual Meeting of the Society for Spirituality, Theology and Health**

“Religion and Health: Effects, Mechanisms, and Interpretation”
June 15-18, 2010
R. David Thomas Executive Conference Center

**Break Refreshment**

Assorted drinks and snacks will be provided in the Rotunda room:
Thursday June 4 7:00AM - 5:00PM
Friday June 5 7:00AM - 3:00PM
Campus Information

Duke Chapel
www.chapel.duke.edu
Duke Chapel is a popular site to visit and photograph. It is located in the middle of West Campus and is next to the Divinity School. It opens at 8:00 a.m. and closes at 8:00 p.m. The Chapel is open to the public unless there is a special event such as a wedding; you can call (919) 681-9414 or (919) 684-8150 to see if the Chapel is open to visitors.

Carillon Music
The University Carillonneur performs a 15-minute recital on the 50-bell carillon Monday through Friday from 5:00 to 5:15 p.m. and before and after the Sunday worship services (at 10:45 a.m. and 12:00 noon). The carillon is located near the top of the Chapel tower and can best be enjoyed outside in the vicinity of the Chapel.

Organ Music
For the enjoyment of visitors to the Chapel, the Benjamin N. Duke Memorial Flentrop organ is played most weekdays from 12:30 to 1:30 p.m. At other times during the day, one might hear an organist practicing for a special event or service.

Duke Forest
www.dukeforest.duke.edu
The Duke Forest comprises 7,050 acres of land in Alamance, Durham and Orange counties. Its six divisions are fully accessible through a network of roads and fire trails. A variety of ecosystems, forest cover types, plant species, soils, topography and past land use conditions are represented within its boundaries.

The Forest has been managed for research and teaching purposes since the early 1930s. The original focus on forestry education and research has since expanded to include a broad range of studies in the ecological and environmental sciences. In terms of size, diversity, accessibility and accumulated long-term data, the Duke Forest is a resource for studies related to forest ecosystems and the environment that is unrivaled at any other university.

Forest maps for the general public are available for sale. The maps show the Forest’s boundaries, entrance gates, forest roads, foot paths, creeks and topographic contours. Written passages and photos are included which provide insight into the Forest’s academic use, history, management and ecology. The map packet includes two 18x24-inch sheets printed on both sides.

Limited public recreation is permitted in the Duke Forest as long as it does not conflict with teaching and research projects. Permissible activities include hiking, biking, and horseback riding on the established roads, as well as fishing and picnicking.

The Nasher Museum of Art
http://nasher.duke.edu
Renowned architect Rafael Viñoly designed the Nasher Museum of Art at Duke University, which opened in October 2005. The museum is a major new center for the arts on campus and in the Research Triangle area, with leading-edge art exhibitions and dynamic programs, including Family Days, performing arts events, lectures, film series and social gatherings. The 65,000-square-foot building houses three large gallery spaces, a museum store, university and community classrooms and Nasher Museum Café with indoor and outdoor seating overlooking sculpture gardens.

The Nasher Museum of Art is located on Duke University’s Central Campus, at the intersection of Duke University Road and Anderson Street, adjacent to the Sarah P. Duke Gardens. The street address is 2001 Campus Drive, Durham, NC, 27705. You can reach the Nasher by phone at (919) 684-5135.

Museum Hours
Monday — closed
Tuesday, Wednesday, Friday, Saturday — 10 a.m. to 5 p.m.
Thursday — 10 a.m. to 9 p.m.
Sunday — Noon to 5 p.m.
Admission
The suggested admission price is $5. The fee is $4 for seniors, $4 for members of the Duke Alumni Association with membership card, $3 for non-Duke students with I.D. and free for children 16 and younger. Admission is FREE to Duke University students, faculty and staff with I.D. and to Durham city residents who present a valid I.D. with address or proof of residency, courtesy of The Herald-Sun.

General Parking
The museum’s 100-space public parking lot, east of the building, is accessible from either Campus Drive or Duke University Road. The parking fee is $2 per hour, with a maximum of three hours. The winding path from the parking lot to the main entrance is about 100 yards.

Handicapped Parking
Visitors may be dropped off at the Anderson Street entrance, where handicapped parking is available. For assistance or more information please call (919) 684-5135.

Sarah P. Duke Gardens
www.hr.duke.edu/dukegardens
Duke Gardens provides a place where people of all backgrounds and ages come for beauty, education, horticulture, solitude, discovery, study, renewal and inspiration.

The Sarah P. Duke Gardens, often spoken of as the “Crown Jewel of Duke University,” occupies 53 acres in the heart of the University’s West Campus, adjacent to Duke University Medical Center. It is recognized as one of the premier public gardens in the United States, renowned both for landscape design and the quality of horticulture, each year attracting more than 300,000 visitors from all over the world.

The Gardens are open daily from 8:00 am to dusk.

Parking: $2 per hour

Cameron Indoor Stadium
When Cameron Indoor Stadium opened in 1940 it was the largest basketball arena south of Philadelphia. The stadium was renamed in 1972 for Edmund McCullough Cameron, who served as men’s basketball coach from 1929-42, football coach from 1942-43 and athletic director twice (1942-45 and 1951-72). The Blue Devil men’s and women’s basketball teams benefit from Cameron’s intimate seating arrangements for slightly more than 9,000 fans, including bleacher-style seats alongside the court reserved for students (nicknamed the Cameron Crazies). The Athletic Department’s ticket office is located in the front lobby. Outside the campus-side doors is Krzyzewskiville, where students pitch tents each basketball season to get into big games.

The Bryan Center and Duke Stores
The Joseph M. and Kathleen Price Bryan University Center, which opened in 1982, houses the University Store, an information desk, the Gothic Bookshop, three dining facilities, ATM machines, film and performing art theaters, the University Box Office, a post office and broadcast studio.

Gothic Bookshop
Upper level, Phone: (919) 684-3986
Monday – Friday, 8:30am – 5pm;
Saturday 8:30am – 4pm

Lobby Shop
Upper level, Phone: (919) 684-2179
Monday – Friday, 8:30am – 7pm;
Saturday 10am – 4pm

Textbook Store
Lower Level, Phone: (919) 684-6793
Monday – Friday, 8:30am – 7pm;
Saturday 8:30am – 5pm

University Store
Upper level, Phone: (919) 684-2344
Monday – Saturday 10am-4pm