

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

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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 February 2014) go to: <http://www.spiritualityandhealth.duke.edu/publications/crossroads.html>

LATEST RESEARCH OUTSIDE DUKE

Neuroanatomical Correlates of Religiosity in Depression

Miller and her colleagues at Columbia University in NYC have published this month an important study in *JAMA Psychiatry* (formerly the *Archives of General Psychiatry*). The purpose of the study was to determine whether adults at high risk for depression (due to strong a family history of depression) who indicated that religion or spirituality was highly important to them would differ in terms of their brain architecture compared to high risk individuals for whom religion was of only moderate or low importance. In addition, they wanted to know whether the findings would differ depending on risk status (i.e., high risk individuals compare to low risk individuals without a family history of depression). The sample consisted of 103 adults ages 18 to 54 who were second or third generation offspring of depressed or non-depressed parents. Religious or spiritual importance and church attendance were assessed at two time points during a five year period (T1 and T2). Structural magnetic resonance imaging (MRI) of the brain was performed at the second time point (T2). Outcome was cortical thickness of the left and right parietal and occipital regions, the mesial frontal lobe or the right hemisphere, and the cuneus and precuneus areas of the left hemisphere, areas which investigators had previously reported were thinner among HR subjects. **Results** indicated that adults for whom religion or spirituality was highly important at T2 had thicker cortices in the left and right parietal and occipital regions, the mesial frontal lobe of the right hemisphere, and the cuneus and precuneus in the left hemisphere. Participants who indicated high importance of religion/spirituality at both T1 and T2 had thicker cortices across larger expanses of both hemispheres than did those reporting moderate or low importance at both T1 and T2. Controlling for education actually increased the number of regions with significant associations. Those who reported frequent attendance at religious services also had thicker cortices in the same regions as adults with high importance of religion/spirituality at T1 and T2, although the associations lost statistical significance after controlling for multiple comparisons. Further analyses revealed that associations between importance of religion/spirituality with cortical thickness were significantly stronger in the mesial wall of the left hemisphere where they had

previously shown cortical thinning in high risk compared to low risk individuals. Since severity of depressive symptoms correlated inversely with cortical thickness in the parietal lobes bilaterally more strongly in the high risk patients than in low risk patients, researchers surmised that thicker cortices in these regions likely protected against depressive symptoms in high risk individuals. Researchers concluded that "high importance of religion or spirituality may confer resilience to the development of depressive illness in individuals at high familial risk for major depression, possibly by expanding a cortical reserve that counters to some extent the vulnerability that cortical thinning poses for developing familial depressive illness."

Citation: Miller LR, Bansal R, Wickramaratne P, Hao Z, Tenke C, Weissman MM, Peterson BS (2014). Neuroanatomical correlates of religiosity and spirituality: A study in adults at high and low familial risk for depression. *JAMA Psychiatry*, December 25, 2013 [E-pub ahead of print]

Comment: The researchers acknowledged that these findings were correlational and do not prove that importance of religion/spirituality increases cortical thickness. Nevertheless, this is a very, very important study. It provides neuroanatomical evidence that when religion/spirituality is important in a person's life that this may actually change the structure of their brain (again, not proven) so that they are less susceptible to depression, especially if they are from high risk families. This is likely to be a seminal study for decades to come, and certainly deserves follow-up to see if increases in importance of religiosity/spirituality precede the increase in cortical thickness observed here. For example, one could do baseline structural MRI scans of the brain of patients with major depression, administer a religious cognitive behavioral therapy intervention, and then repeat the MRI brain scans at some time after the therapy was completed to see if cortical thickness increased.

"Spiritual Awakening" and Drinking Outcomes in Poland

Researchers in Poland examined cross-sectional and longitudinal relationships between two dimensions related to involvement in Alcoholics Anonymous (AA): attendance at meetings and experience of a spiritual awakening. Subjects (n=118) were in treatment for alcohol dependence in Warsaw, Poland. All subjects had a DSM-IV diagnosis of alcohol dependence and were assessed at T1 (baseline), T2 (1 month later), and T3 (6-12 months later) for AA meeting attendance, aspects of AA affiliation (including a spiritual awakening), and use of alcohol. **Results** indicated no significant association between AA meeting attendance and improved alcohol use. However, self-reported spiritual awakening between T2 and T3 was associated with a significantly lower likelihood of drinking alcohol (OR=0.24, p<0.05) and the absence of heavy drinking (OR=3.0, p<0.05) at T3, after demographic and clinical characteristics were controlled. Authors concluded that self-reports of having a spiritual awakening predicted improved drinking outcomes in this sample of people with alcohol dependence.

Citation: Strobbe S, Cranford JA, Wojnar M, Brower KJ (2013). Spiritual awakening predicts improved drinking outcomes in a Polish treatment sample. *Journal of Addiction Nursing* 24(4):209-16.

EXPLORE...in this issue

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Comment: Only the occurrence of a spiritual awakening seemed to impact drinking behavior, not frequency of attending AA meetings. AA attendance is usually associated with a reduction in drinking behavior, so that finding is somewhat unusual. However, the positive finding with spiritual awakening is consistent with early reports from alcoholics themselves prior to the widespread adoption of AA. In 1953, researchers reported in the *American Journal of Psychiatry* that among alcoholics who stopped drinking prior to death, a significant proportion only did so after they had experienced a spiritual transformation [Lemere, F. (1953). What happens to alcoholics. *American Journal of Psychiatry* 109: 674-676]

Altruism Associated with Depression?

In this study, a researcher from the Harvard School of Public Health examined the relationship between altruism and symptoms of anxiety and depression. The analysis involved data from the MIDUS study, a random cross-sectional survey of 4,242 adults in the U.S. between the ages of 25 and 74 (National Survey of Midlife Development in the United States). Altruism (AB) was measured by summing the responses to four questions where participants were asked to rate the degree of obligation they would feel if asked to (1) pay more for their own health care so that everyone had access to health care; (2) volunteer time or money for the social causes that they support; (3) collect contributions for heart or cancer research if asked to do so; and (4) vote for a law to help others who are less privileged than them, knowing that the introduction of such a law would increase their taxes. Responses ranged from 0 to 10, with a range from 0 to 40. Responses were divided into four quartiles (Q1 lowest to Q4 highest). Generalized anxiety disorder (GAD) and major depression (MD) were determined using screening questions on the WHO's Composite International Diagnostic Interview (CIDI). **Results** indicated that GAD was slightly more prevalent among those in the lowest AB quartile (4.1%) compared to the highest AB quartile (2.7%). When gender, age, working status, and marital status were controlled for, however, the association was reduced to non-significance. For MD, however, the trend was in the opposite direction. Those in the lowest AB quartile had the lowest rate of MD (10.9%), whereas those in the highest AB quartile had the highest rate (15.7%). This relationship persisted after controlling for demographic covariates above. Persons in the highest altruistic behavior group were 59% more likely to have MD than those in the lowest altruistic behavior group. The author hypothesized that the association between AB and depression could be explained by the "caregiver strain" hypothesis, i.e., that caring for a depressed spouse, which is similar to the measure of altruism used here, caused distress in caregivers and that caring for others per se may create distress and result in depression. The author concluded that high levels of AB have "a significant harmful effect on MD in adults at mid-life in the U.S."

Citation: Fujiwara T (2007). The role of altruistic behavior in generalized anxiety disorder and major depression among adults in the United States. *Journal of Affective Disorders* 101:219-225

Comment: Although this is an older study, the results are noteworthy. The finding that depressed people are more altruistic goes against conventional wisdom and most clinicians' observations. Depressed people tend to be more self-focused, drawn into themselves, and move away from others (social withdrawal), the exact opposite of altruism. The "caregiver strain" hypothesis invoked to explain the finding while plausible seems like quite a leap of faith. Given the cross-sectional nature of the study, it is just as likely that depression led to greater altruism as that greater altruism led to depression. Most studies find that altruistic behaviors are associated with greater life satisfaction, well-being, and purpose in life, as one invests in the lives of others around them (and is consistent with most religious views and

teachings). This study needs replication before the conclusions of the author are accepted.

Demonic Possession in the Qu'ran

Health professionals from universities in Canada have written an interesting article about a commonly held belief among some Muslims that mental illness is due to jinn/demon-possession brought on by living a sinful life. Jinn are supernatural beings like demons that are thought to enter into and possess humans and cause illness. Even today there are exorcism dance ceremonies that some Muslims may carry out (called Zar) that are intended to ward off the evil eye, protect against black magic and jinn-possession in Islamic communities in North Africa and the Middle East. In fact, when the Prophet Muhammad received his first revelations through the angel Gabriel, he is reported to have run home fearing that he had become possessed by a jinn. While some scholars have argued that the Qur'an connects jinn possession with mental illness, other scholars oppose this view and say that such beliefs are in opposition to Islam. In this research study, the authors carried out thematic analysis on four English translations of the Qur'an and the Arabic text of the Qur'an to determine whether there was any justification for a connection between jinn-possession and insanity in the Muslim holy book. Despite the fact that chapter 72 in the Qur'an is titled "The Jinn," the authors concluded that their analysis found no connection between jinn-possession and mental illness in the Qur'an. Labeling people as jinn-possessed was in fact a pre-Islamic pagan practice among those in Arabia. These beliefs about the connection between jinn-possession and mental illness thought to have basis in the Qur'an may be at least partly responsible for the stigma that many Muslims feel toward mental health problems and against mental health professionals themselves.

Citation: Islam F, Campbell RA (2014). "Satan has afflicted me!" Jinn-possession and mental illness in the Qur'an. *Journal of Religion and Health* 53:229-243

Comment: The authors present a fascinating and detailed history that tracks beliefs about demons, evil spirits, and jinn from early Biblical times and even pre-Biblical times through the Prophet Muhammad's time and up to the present. This is definitely a paper worth reading for any mental health professionals who takes care of Muslim patients.

Spirituality in Occupational Therapy

Researchers in the College of Health Professions at Florida Gulf Coast University conducted a mixed-methods study involving 97 occupational therapists to explore the role of spirituality in the practice of occupational therapy (OT). The authors point out that the newest version of the Occupational Therapy Practice Framework (OTPF) (2008) is the guiding document for OT practice. This document defines spirituality as "the personal quest for understanding answers to ultimate questions about life, about meaning and about relationship with the sacred or transcendent, which may (or may not) lead to or arise from the development of religious rituals and the formation of community." In this study researchers developed a 24-item quantitative questionnaire that included one open-ended question that allowed for qualitative responses. The questions were presented in six sections: 3 items on practice, 5 on education, 11 on scope of practice, 3 on spiritual importance, 2 on the OTPF guidelines, and 1 on the role of spirituality. The questionnaire was administered to a convenience sample of occupational therapists attending the 2010 AOTA conference in Florida, where they collected 97 completed questionnaires. **Results** indicated that less than one-third (31.9%) of OT agreed that their formal education had adequately prepared them to address their clients' spiritual needs; 59.8% agreed that spirituality should be addressed by occupational therapists; only 13.4% strongly agreed that they felt comfortable addressing spirituality with their clients; only 3% said they used spiritual

assessments to evaluate their clients' spiritual needs; and less than half (42.3%) said that they treated their clients' spiritual needs. Researchers concluded that while OT tends to be holistic, therapists require a more complete understanding of what spirituality is and what the OT's role is in addressing spirituality in evaluation and treatment.

Citation: Morris DN, Stecher J, Briggs-Peppler KM, Chittenden CM, Rubira J, Wismer LK (2014). Spirituality in occupational therapy: Do we practice what we teach? [Journal of Religion and Health](#) 53:27-36

Comment: Occupational therapists, like physicians and nurses, believe that spirituality ought to be included somewhere in the clinical care of patients, but have a lot of confusion about what spirituality is and how it should be integrated. The educational system does a poor job training OTs, just as it does training nurses and physicians to identify and address the spiritual needs of patients. Many OTs do not feel trained or comfortable assessing, addressing, or integrating spirituality into the care of patients. Given the important role that religious beliefs play in preserving hope and motivating patients to actively participate in rehabilitation and regain lost physical functions, it is essential OTs are trained to assess and address spiritual needs in a sensitive and competent manner.

Religious Coping and Anorexia?

Researchers sought to examine the relationship between anorexia nervosa (AN) and religious involvement, exploring whether religious coping style might account for either a reduction in anorexic symptoms or an increase in them. They surveyed 134 women who self-identified themselves as having an anorexia nervosa diagnosis using a measure of religious coping style. Results indicated that religious coping style significantly predicted severity of anorectic symptoms. The Brief RCOPE was used to measure religious coping, including 7-item positive and 7-item negative religious coping subscales. The Eating Disorders Diagnostic Scale was used to establish the diagnosis and severity of symptoms, dividing the sample into no diagnosis (n=88), subthreshold AN (n=24), and threshold AN (n=22). **Results** indicated that negative religious coping (NRC) was more common among those with subthreshold AN than with either no diagnosis or threshold AN, and NRC was significantly and positively related to AN symptom severity. No mention was made of the relationship with positive religious coping.

Citation: Rider KA, Terrell DJ, Sisemore TA, Hecht JE (2013). Religious coping style as a predictor of the severity of anorectic symptomatology. [Eating Disorders](#), December 30 [E-pub ahead of print].

Comment: Negative religious coping is prevalent in many mental disorders, particularly depression. The finding here that subthreshold disorders had more NRC than threshold AN is an interesting new finding. Regardless, severity of AN symptoms were significantly and positively related to NRC ($p < .001$).

SPECIAL EVENTS

Emerging Tools for Innovative Providers 2014: Making Spirituality and Health Research Applications Work for Caregivers

(Pasadena, California, July 28-August 1, 2014)
This 5-day workshop, being held at Fuller Theological Seminary about 25 minutes from Hollywood, focuses on integrating spirituality into the care of patients in health settings. Physicians, nurses, social workers, and chaplains are the target audiences for this workshop. Participants will work with each other and with workshop faculty to develop tools for assessing and addressing the spiritual needs of patients in their own unique settings, whether that be medical hospitals and clinics, mental health, substance abuse, or community health environments. Again, the emphasis is

on practical applications of what has been learned in research conducted over the past 25 years. Faculty include Ken Pargament, Gail Ironson, Jeffrey Dusek, Kevin Reimer, Alexis Abernethy, Sheryl Tyson, Lee Berk, Douglas Nies, Bruce Nelson, and Harold Koenig. A yearly West Coast conference focused specifically on clinicians, this is the premier workshop in the U.S. that involves integrating spirituality into patient care.

12th Annual David B. Larson Memorial Lecture

(Durham, NC, March 6, 2014)
This is the Duke Center's annual lecture in honor of David B. Larson, a psychiatrist and researcher who helped start the field of religion and health. This year's address is being delivered by the renowned Stanley Hauerwas, Gilbert T. Rowe Professor of Theological Ethics at Duke University Divinity School. Dr. Hauerwas has been ranked by Time Magazine as America's top theologian. The title of his presentation is particularly relevant this year "Suffering Presence: Twenty Five Years Later," as he reflects on how his thinking has changed since the publication of his 1986 book *Suffering Presence: Theological Reflections on Medicine, the Mentally Handicapped*. For details about the location and time of the lecture go to website: <http://www.spiritualityandhealth.duke.edu/education/larson/index.html>. No reservations are needed and there is no fee to attend the lecture. However, the room is likely to be filled so plan on arriving early (lecture starts at 5:30P).

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 health professionals and other interested parties to attend this year's meeting titled "Responding to the Limits and Possibilities of the Body," which is being held at the Hyatt Chicago. The focus of the conference is on questions like: 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>.

Spirituality and Health Research Workshop

(Malta, May 18-21, 2014)
Preceding the ECRSH14 above will be 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 those interested in doing research on religion, spirituality and health (including those at any level of training, but particularly chaplains, physicians, nurses, psychologists, counselors, theologians, public health specialists, epidemiologists, or other health professionals). This workshop is filling up quickly, so those who wish to attend need to register immediately. For more information go to: <http://www.ecrsh.eu/dynasite.cfm?dsamid=92326>

Duke Summer Spirituality & Health Research Workshops

(Durham, NC) (August 11-15, 2014)
Register now 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 2003. 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

Medicine and Religion: A Historical Introduction (Johns Hopkins University Press, 2014)

Gary B. Ferngren is one of the world's top historians on the topic of medicine and religion, and is an excellent and easy to read author. According to Amazon.com's description: "*Medicine and Religion* is the first book to comprehensively examine the relationship between medicine and religion in the Western tradition from ancient times to the modern era. Beginning with the earliest attempts to heal the body and account for the meaning of illness in the ancient Near East, historian Gary B. Ferngren describes how the polytheistic religions of ancient Mesopotamia, Egypt, Greece, and Rome and the monotheistic faiths of Judaism, Christianity, and Islam have complemented medicine in the ancient, medieval, and modern periods." Available (\$23.76) at: <http://www.amazon.com/Medicine-Religion-A-Historical-Introduction/dp/1421412152>.

Judaism and Health: A Handbook of Practical, Professional and Scholarly Resources (Jewish Lights, 2013)

Dr. Jeff Levin, who holds a distinguished chair at the Institute for Studies of Religion at Baylor University, and Michele Prince, from the Kalsman Institute on Judaism and Health at Hebrew Union College, have recently published a comprehensive resource on Judaism and Health (edited volume), which is equivalent to the Handbook of Religion and Health, but focuses on Judaism. The book jacket reads, "This comprehensive resource for the emerging field of Judaism and health encompasses basic and applied research and scholarly writing on scientific, clinical, bioethical, pastoral and educational themes, as well as communal and liturgical programming. With contributions from over thirty leading Jewish professionals, this is the most up-to-date summary of ongoing activities at the intersection of Jewish life and health, healing, medicine and healthcare." Available (\$50.00) at: <http://www.jewishlights.com/page/product/978-1-58023-714-7>.

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

The 3rd edition provides the latest information on how health professionals can integrate spirituality into patient care by identifying and addressing the spiritual needs of patients. Chapters are targeted to the needs of physicians, nurses, chaplains, 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 resource 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's Research Workshop on Spirituality and Health (see above), and is packed full of information necessary to conduct research on

this topic. Available (\$39.96) at: <http://templetonpress.org/book/spirituality-and-health-research>.

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry (OFI)

The Templeton Foundation will be accepting the next round of letters of intent for research on spirituality and health between **February 2 and April 1, 2014**. If the funding inquiry is approved (applicant notified by May 2, 2014), the Foundation will ask for a full proposal that will be due September 2, 2014, with a decision on the proposal reached by December 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>.

Grand Challenges Explorations

On November 20, the Bill & Melinda Gates Foundation announced grant awards for the latest round (Round 12) of the Grand Challenges Explorations program. Over 80 new grants of \$100,000 were made to investigators from 14 countries through this program during that round. The initiative funds innovative ideas to solve some of the greatest challenges in global health and development. Persons from any discipline can apply, from students to tenured professors. This initiative uses an accelerated grant-making process with short two-page applications and no preliminary data are required. Applications are submitted online and winning grants are chosen approximately 5 months from the submission deadline. Initial grants of \$100,000 are awarded two times a year. Successful projects have the opportunity to receive a follow-on grant of up to \$1 million. The next round of Grand Challenges Explorations (round 13) will open in **March 2014**. For more information go to website: <http://www.grandchallenges.org/Explorations/Pages/ApplicationInstructions.aspx>. Identifying ways that religious involvement and faith-based programs can improve global health is a novel idea that needs to be explored, and here is a potential source of funds to do just that.

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, go to website: <http://www.georgefamilyfoundation.org/about/>.

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

2014 CSTH CALENDAR OF EVENTS...

March

- 6 12th Annual David B. Larson Memorial Lecture
Suffering Presence: Twenty Five Years Later
Presenter: Stanley Hauerwas
Gilbert T. Rowe Professor of Theological Ethics
Durham, NC, Duke North, Room 2001, 5:30-6:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 21 **Spirituality in Medicine**
Department of Family & Community Medicine
Reading, Pennsylvania
Presenter: Koenig
Con: Ted Asfaw (Thewodros.Asfaw@readinghealth.org)
- 26 **Caregiver Outlook: A Chaplain-led Intervention in Serious Illness**
Karen Steinhauser, Ph.D.
Associate Professor, Department of Medicine, DUMC
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 27-28 **Connecting Faith Resources with Mental Health**
St. Thomas More Church
Chapel Hill, North Carolina
Presenters: Warren Kinghorn, Harold Koenig
Contact: Joanne Beckman (<mailto:jbeckman@nc.rr.com>)

April

- 3 **Faith and Healthcare Conference**
Marshalltown Medical and Surgical Center
Marshalltown, Iowa
Presenter: Koenig
Contact: Chris Schill (Cschill@marshmed.com)
- 10 **New Perspectives on Aging and Eldercare: Restorative – Medical - Spiritual**
University of Scranton, Scranton, PA
Presenter: Koenig and others
Contact: Dr. Tony Balsamo (ajbalsamo@geisinger.edu)
- 12 **Physicians' Coalition for Spiritual Integration**
Jacksonville, Florida
Presenter: Koenig and others
Contact: Ted Hamilton (Ted.Hamilton@ahss.org)
- 24 **Science and Religion Initiative**
College of Social Work, University of South Carolina
Columbia, South Carolina
Presenter: Koenig
Contact: Dr. Terry Wolfer (TerryW@mailbox.sc.edu)
- 30 **Influence of the Greek Orthodox Faith on Health and Healthcare**
Reverend Father Gus George Christo, Ph.D.,
Protopresbyter, Pastor and Dean of the St. George Greek Orthodox Cathedral, Philadelphia, Pennsylvania.
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)