

Spirituality & Health: A Select Bibliography of Medline-Indexed Articles Published in 1999

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The following is a selection of 91 journal articles pertaining to spirituality & health published during 1999 and cited on the Medline health science data base. Medline lists a total of 472 citations for the year under the subject headings of *religion*, *religion & health*, *religion & psychology*, and *pastoral care*. [NB: Medline is itself a selective index of journals, and many additional articles regarding spirituality & health may be found through other health science data bases, e.g., CINAHL/Nursing.]

Abraham, J. L. [ACP-ASIM End-of-life Care Consensus Panel. American College of Physicians-American Society of Internal Medicine]. "**Management of pain and spinal cord compression in patients with advanced cancer.**" *Annals of Internal Medicine* 131, no. 1 (Jul 6, 1999): 37-46.

The paper traces the last year of life of a hypothetical patient who is dying of refractory prostate cancer. Practical suggestions are offered for assessment and treatment of all aspects of his pain, including its physical, psychological, social, and spiritual dimensions. The role of the patient's clergy person is presented in several vignettes.

Ayele, H., Mulligan, T., Gheorghiu, S. and Reyes-Ortiz, C. "**Religious activity improves life satisfaction for some physicians and older patients.**" *Journal of the American Geriatrics Society* 47, no. 4 (Apr 1999): 453-5.

This is a study of 100 randomly sampled practicing physicians and 55 hospitalized or institutionalized older patients in Virginia. [From the abstract:] Of the 100 physicians (49 internists and 51 psychiatrists) who answered the survey (50% response rate), 75% used religious activity as a coping resource (39% somewhat, 36% definitely). There was a positive correlation between intrinsic religious activity (e.g., prayer, Bible reading) and life satisfaction ($r = .293$, $P = .042$). Of the 55 patients interviewed, 47 (86%) used religion as a coping resource, and intrinsic religious activity was positively associated with life satisfaction ($r = .843$, $P < .001$). Even after controlling for age, gender, health, and marital status, intrinsic religious activity remained a predictor of higher life satisfaction. CONCLUSIONS: Intrinsic religious activity is associated positively with life satisfaction in physicians and ill older adults.

Baider, L., Russak, S. M., Perry, S., Kash, K., Gronert, M., Fox, B., Holland, J. and Kaplan-Denour, A. "**The role of religious and spiritual beliefs in coping with malignant melanoma: an Israeli sample.**" *Psycho-Oncology* 8, no. 1 (Jan-Feb 1999): 27-35.

[Abstract:] This preliminary study examined the possible relationship between a newly developed instrument, the Spiritual Beliefs Inventory (SBI-54), and the coping style of a group of cancer patients in Israel. The sample consisted of 100 malignant melanoma patients diagnosed at stages I and II, A and B. Patients were individually interviewed at home and completed seven self-reports. The present report focuses on the relationship of the SBI-54 with other measures of coping, psychological distress and social support. Findings showed that there was a significantly positive correlation between the SBI-54 and the active-cognitive coping style ($r = 0.48$, $p < 0.01$).

Benson, H. and Dusek, J. A., "**Self-reported health, and illness and the use of conventional and unconventional medicine and mind/body healing by Christian Scientists and others.**" *Journal of Nervous & Mental Disease* 187, no. 9 (Sep 1999): 539-48.

[From the abstract:] A cross-sectional national telephone survey was used to determine whether Christian Scientists (N = 230), a religious group that uses mind/body (including spiritual) healing, self-report more or less illness than non-Christian Scientists (N = 589)... Fewer Christian Scientists experienced an illness or symptom than non-Christian Scientists (73% vs. 80%, respectively, $p = .05$). A multivariate analysis showed that Christian Scientists were less likely to have experienced illness than non-Christian Scientists (odds ratio [OR] .66, 95% confidence interval [CI] .44 to .99, $p = .04$). Similar proportions of Christian Scientists and non-Christian Scientists used some type of conventional medicine (74% vs. 78%, respectively), although Christian Scientists were less likely to take prescription medications than non-Christian Scientists ($p = .034$). Although use of unconventional medicine was similar in both groups (52% vs. 45%), more Christian Scientists than non-Christian Scientists used at least one type of mind/body medicine (67% vs. 42% $p < .00001$), notably special religious services and spiritual healing.

Barnard, D., Quill, T., Hafferty, F. W., Arnold, R., Plumb, J., Bulger, R. and Field, M. [Working Group on the Pre-clinical Years of the National Consensus Conference on Medical Education for Care Near the End of Life]. "**Preparing the ground: contributions of the pre-clinical years to medical education for care near the end of life.**" *Academic Medicine* 74, no. 5 (May 1999): 499-505.

Basic end-of-life care competencies are presented in five domains: (1) psychological, sociologic, cultural, and spiritual issues; (2) interviewing and communication skills; (3) management of common symptoms; (4) ethical issues; and (5) self-knowledge and self-reflection.

- Barroso, J. **“Long-term nonprogressors with HIV disease.”** *Nursing Research* 48, no. 5 (Sep-Oct 1999): 242-9.
This is a study of 25 long-term nonprogressors (HIV positive for 7 or more years, CD4 count > 500, and free of opportunistic infections and/or AIDS-defining illnesses). Interviews revealed a number of themes, including: viewing HIV as a manageable illness, taking care of physical health, human connectedness, taking care of emotional/mental health, and spirituality.
- Biggar, H., Forehand, R., Devine, D., Brody, G., Armistead, L., Morse, E. and Simon, P. **“Women who are HIV infected: the role of religious activity in psychosocial adjustment.”** *AIDS Care* 11, no. 2 (Apr 1999): 195-9.
[Abstract:] The role of religious activity in the psychosocial adjustment of 205 inner-city African-American women, one-half of whom are HIV infected, was examined. Those who were HIV infected reported praying more but viewed prayer as less effective in coping with a chronic illness. Frequency of prayer predicted optimism about the future, whereas religious activity was not related to current depressive symptoms.
- Brady, M. J., Peterman, A. H., Fitchett, G., Mo, M. and Cella D. **“A case for including spirituality in quality of life measurement in oncology.”** *Psycho-Oncology* 8, no. 5 (Sep-Oct 1999): 417-28.
This study used a large (n=1610) and ethnically diverse sample to address three questions relevant to including spirituality in QOL measurement: (1) Does spirituality demonstrate a positive association with QOL?; (2) Is this association unique?; and (3) Is there clinical utility in including spirituality in QOL measurement? Spirituality, as measured by the Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being (FACIT-Sp), was found to be associated with QOL to the same degree as physical well-being, a domain unquestioned in its importance to QOL. Spiritual well-being was also found to be related to the ability to enjoy life even in the midst of symptoms, making this domain a potentially important clinical target. It is concluded that these results support the move to the biopsychosocialspiritual model for QOL measurement in oncology.
- Cairns, A. B. **“Spirituality and religiosity in palliative care.”** *Home Healthcare Nurse* 17, no. 7 (Jul 1999): 450-5.
The author delineates the concepts of spirituality and religiosity in light of the work of home health care and hospice nursing.
- Carroll, D. L., Hamilton, G. A., and McGovern, B. A. **“Changes in health status and quality of life and the impact of uncertainty in patients who survive life-threatening arrhythmias.”** *Heart & Lung* 28, no. 4 (Jul-Aug 1999): 251-60.
Survivors of life-threatening arrhythmias, evaluated before treatment and six months after treatment perceived improvement in their health, but subjective quality of life measures showed a decline in the domain of psychological/spiritual state (as well as socioeconomic status). It is suggested that “uncertainty had a significant impact on these perceptions.”
- Charters, P. J. **“The religious and spiritual needs of mental health clients.”** *Nursing Standard* 13, no. 26 (Mar 17-23, 1999): 34-6.
The authors detail the spiritual and religious needs of mental health clients and suggest regular assessment of these needs by the clinical staff and utilization of chaplaincy resources.
- Clark, D. **“‘Total pain’, disciplinary power and the body in the work of Cicely Saunders, 1958-1967.”** *Social Science & Medicine* 49, no. 6 (Sep 1999): 727-36.
In this analysis of the work of Dr. Cicely Saunders, pioneer in the hospice movement, the concept of ‘total pain’—with physical, psychological, social, emotional and spiritual elements—is examined. In terms of current ideas about the social theory of the body, the author notes that the concept of ‘total pain’ may be formulated either as a nomenclature of inscription or as a nomenclature of facilitation.
- Cole, B. and Pargament, K. **“Re-creating your life: a spiritual/psycho-therapeutic intervention for people diagnosed with cancer.”** *Psycho-Oncology* 8, no. 5 (Sep-Oct 1999): 395-407.
This paper describes a pilot psychotherapy program—for people who have experienced cancer—that integrates spiritual issues and resources.
- Coleman, C. L. and Holzemer, W. L. **“Spirituality, psychological well-being, and HIV symptoms for African Americans living with HIV disease.”** *Journal of the Association of Nurses in AIDS Care* 10, no.1 (Jan-Feb 1999): 42-50.
[From the abstract:] Findings suggest that existential well-being, a spiritual indicator of meaning and purpose, more than religious well-being, was significantly related to the participants’ psychological well-being. In addition, HIV symptoms were found to be significant predictors of psychological well-being. These findings support the need for nurses to continue exploring ways to integrate and support spirituality within the domains of clinical practice.
- Cotton, S. P., Levine, E. G., Fitzpatrick, C. M., Dold, K. H. and Targ, E. **“Exploring the relationships among spiritual well-being, quality of life, and psychological adjustment in women with breast cancer.”** *Psycho-Oncology* 8, no. 5 (Sep-Oct 1999): 429-38.
The study examined the relationships among spiritual well-being, quality of life, and psychological adjustment in 142 women diagnosed with breast cancer and concluded that spiritual well-being may be related to quality of life and psychological adjustment in ways more complex and perhaps indirect than previously considered.
- Craigie, F. C., Jr. and Hobbs, R. F., III. **“Spiritual perspectives and practices of family physicians with an expressed interest in spirituality.”** *Family Medicine* 31, no. 8 (Sep 1999): 578-85.
[Abstract:] BACKGROUND AND OBJECTIVES: Among a growing number of articles about spirituality and medicine, there are no open-ended empirical inquiries about family physicians’ understanding of spirituality and what it might mean to incorporate spirituality into family practice. We used a qualitative methodology to investigate family physicians’ perceptions of spirituality in clinical care, the roles of their own personal spirituality, and implications for medical education. METHODS: We used qualitative content analysis on transcripts of semi-structured interviews that had been conducted with 12 family physicians, in three regions of the country, with an expressed interest in spirituality. RESULTS: This group of physicians reported 1) taking a vital clinical role as encouragers of patients’ spiritual resources, 2) a vital role of their personal spirituality as an underpinning of the vocation and practice of family medicine, and 3) the key roles of respectful

dialogue and mentoring in medical education about spirituality. **CONCLUSIONS:** Results affirm the significance of spirituality in clinical family practice for the subjects interviewed and support a tripartite model that embraces clinical approaches to the spirituality of patients and families, the spirituality of caregivers, and the qualities of spirituality in health care organizations.

Daaleman, T. P. and Frey, B. **“Spiritual and religious beliefs and practices of family physicians: a national survey.”** *Journal of Family Practice* 48, no. 2 (Feb. 1999): 98-104. [Comment in *J. Fam. Pract.* 48, no. 2 (Feb. 1999): 96-7; *J. Fam. Pract.* 48, no. 5 (May 1999): 389; and *J. Fam. Pract.* 48, no. 7 (Jul 1999): 501-3.]

[Abstract:] **BACKGROUND:** The current movement in American medicine toward patient-centered or relationship-centered care highlights the importance of assessing physician core beliefs and personal philosophies. Religious and spiritual beliefs are often entwined within this domain. The purpose of this study was to identify the personal religious and spiritual beliefs and practices of family physicians and to test a valid and reliable measure of religiosity that would be useful in physician populations. **METHODS:** An anonymous survey was mailed to a random sample of active members of the American Academy of Family Physicians who had the self-designated professional activity of direct patient care. Physicians reported their religious and spiritual beliefs and practices, including frequency of religious service attendance and private prayer or spiritual practice, and self-reported intrinsic or subjective religiosity. **RESULTS:** Seventy-four percent of the surveyed physicians reported at least weekly or monthly service attendance, and 79% reported a strong religious or spiritual orientation. A small percentage (4.5%) of physicians stated they do not believe in God. A 3-dimensional religiosity scale that assessed organized religious activity, nonorganized religious activity, and intrinsic religiosity was determined to be a valid and reliable measure ($\alpha = .87$) of physician religious and spiritual beliefs and practices. **CONCLUSIONS:** Family physicians report religious and spiritual beliefs and practices at rates that are comparable with the general population

Donelson, E. **“Psychology of religion and adolescents in the United States: past to present.”** *Journal of Adolescence* 22, no. 2 (Apr 1999): 187-204.

This is a broad overview offering historical context, with many references.

D'Onofrio, B. M., Murrelle, L., Eaves, L. J., McCullough, M. E., Landis, J. L. and Maes, H. H. **“Adolescent religiousness and its influence on substance use: preliminary findings from the Mid-Atlantic School Age Twin Study.”** *Twin Research* 2, no. 2 (Jun 1999): 156-68.

The study used factor analysis of the Religious Attitudes and Practices Inventory (RAPI), developed to characterize adolescent religiousness, revealing three significant factors: theism, religious/spiritual practices, and peer religiousness. [From the abstract:] Twin correlations and univariate behavior-genetic models for these factors and a measure of belief that drug use is sinful reveal in 357 twin pairs that common environmental factors significantly influence these traits, but a minor influence of genetic factors could not be discounted. Correlations between the multiple factors of adolescent religiousness and substance use, comorbid problem behavior, mood disorders, and selected risk factors for substance involvement are also presented. Structural equation modeling illustrates that specific religious beliefs about the sinfulness of drugs and level of peer religiousness mediate the relationship between theistic beliefs and religious/spiritual practices on substance use.

Drane, J. and Reich, G. **“The spirit of healing. Treating the whole patient.”** *New Jersey Medicine* 96, no. 9 (Sep 1999): 41-3.

This piece describes services of professional clergy visiting hospitals.

Ehman, J.W., Ott, B. B., Short, T. H., Ciampa, R. C. and Hansen-Flaschen, J. **“Do patients want physicians to inquire about their spiritual or religious beliefs if they become gravely ill?”** *Archives of Internal Medicine* 159, no. 15 (Aug 9/23, 1999): 1803-6.

[Abstract:] **BACKGROUND:** Recognizing that many Americans draw on religious or spiritual beliefs when confronted by serious illness, some medical educators have recommended that physicians routinely ask about spirituality or religion when conducting a medical history. The most appropriate wording for such an inquiry remains unknown. **OBJECTIVE:** To examine patient acceptance of including the following question in the medical history of ambulatory outpatients: "Do you have spiritual or religious beliefs that would influence your medical decisions if you become gravely ill?" **METHODS:** Self-administered questionnaires were completed by 177 ambulatory adult patients visiting a pulmonary faculty office practice at a university teaching hospital in 1997 (83% response rate). **RESULTS:** Fifty-one percent of the study patients described themselves as religious and 90% believe that prayer may sometimes influence recovery from an illness. Forty-five percent reported that religious beliefs would influence their medical decisions if they become gravely ill. Ninety-four percent of individuals with such beliefs agreed or strongly agreed that physicians should ask them whether they have such beliefs if they become gravely ill. Forty-five percent of the respondents who denied having such beliefs also agreed that physicians should ask about them. Altogether, two thirds of the respondents indicated that they would welcome the study question in a medical history, whereas 16% reported that they would not. Only 15% of the study group recalled having been asked whether spiritual or religious beliefs would influence their medical decisions. **CONCLUSION:** Many but not all patients surveyed in a pulmonary outpatient practice welcome a carefully worded inquiry about their spiritual or religious beliefs in the event that they become gravely ill.

Ellis, M. R., Vinson, D. C. and Ewigman, B. **“Addressing spiritual concerns of patients: family physicians' attitudes and practices.”** *Journal of Family Practice* 48, no. 2 (Feb. 1999): 105-9. [Comment in *J. Fam. Pract.* 48, no. 5 (May 1999): 389 and *J. Fam. Pract.* 48, no. 7 (Jul 1999): 501-3.]

This study of family physicians in Missouri examined the physicians' spiritual well-being, perceived barriers to discussing spiritual issues with patients, and the frequency of such discussions with patients. The Ellison Spiritual Well-being Scale (ESWS) indicated that the respondents had a high level of spiritual well-being, and 96% considered spiritual well-being an important health component [From the abstract:] Eighty-six percent of respondents supported referral of hospitalized patients with spiritual questions to chaplains, and 58% believed physicians should address patients' spiritual concerns. Fear of dying was the spiritual issue most commonly discussed with patients. Barriers to addressing spiritual issues included lack of time (71%), inadequate training for taking spiritual histories (59%), and difficulty identifying patients who want to discuss spiritual issues (56%).

- Engelbreton, J., “**Alternative and complementary healing: implications for nursing.**” *Journal of Professional Nursing* 15, no. 4 (Jul-Aug 1999): 214-23.
The article treats the subject matter broadly in the context of modern health care.
- Espeland, K. “**Achieving spiritual wellness: using reflective questions.**” *Journal of Psychosocial Nursing & Mental Health Services* 37, no. 7 (Jul 1999): 36-40.
The author encourages health care professionals in the recognition of the importance of spiritual health as a precursor of physical health and advocates for guiding patients to initiate a plan to maintain their own spiritual needs.
- Fabbro, F., Muzur, A., Bellen, R., Calacione, R. and Bava, A. “**Effects of praying and a working memory task in participants trained in meditation and controls on the occurrence of spontaneous thoughts.**” *Perceptual & Motor Skills* 88, no. 3, pt. 1 (Jun 1999): 765-70.
[Abstract:] So-called "intrusive thoughts" appear independently from external stimuli and are the cause of severe disturbances in depressed patients. Following Baddeley's 1986 discoveries regarding "articulatory suppression," we investigated the influence of praying and of a working memory task on the number of spontaneous thoughts reported by 20 subjects compared to the control (quiet) state. Two groups of subjects were tested: those trained in meditation and controls. Significant reduction in simultaneous thought arousal was obtained during both the working memory task and the recitation of prayer. In all three experimental conditions, meditation practitioners reported significantly fewer spontaneous thoughts.
- Feher, S. and Maly, R. C. “**Coping with breast cancer in later life: the role of religious faith.**” *Psycho-Oncology* 8, no.5 (Sept.-Oct 1999): 408-16.
The study examines religious and spiritual coping strategies among elderly women with newly diagnosed breast cancer. [From the abstract:] Religious and/or spiritual belief either increased or stayed the same during the time of health crisis. Religious and spiritual faith provided respondents with the emotional support necessary to deal with their breast cancer (91%), with social support (70%), and with the ability to make meaning in their everyday life, particularly during their cancer experience (64%).
- Fernsler, J. I., Klemm, P. and Miller, M. A. “**Spiritual well-being and demands of illness in people with colorectal cancer.**” *Cancer Nursing* 22, no. 2 (Apr 1999): 134-40; quiz 141-2.
[From the abstract:] The purpose of this descriptive correlational study was to identify the relationship between subjects' spiritual well-being and the demands of illness (DOI) imposed by colorectal cancer.... Women reported significantly greater spiritual well-being than men. Subjects who reported higher levels of spiritual well-being indicated significantly lower DOI related to physical symptoms, monitoring symptoms, and treatment issues. Findings indicate that a greater degree of spiritual well-being may help to mitigate the DOI imposed by colorectal cancer.
- Fryback, P. B. and Reinert, B. R. “**Spirituality and people with potentially fatal diagnoses.**” *Nursing Forum* 34, no. 1 (Jan-Feb 1999): 13-22.
[From the abstract:] Findings suggest that spirituality is an essential component to feelings of health and well-being. Many of the subjects viewed spirituality as a bridge between hopelessness and meaningfulness in life. Those who had found meaning in their disease thought they had a better quality of life now than they had before the diagnosis.
- Galanter, M. “**Research on spirituality and Alcoholics Anonymous.**” *Alcoholism: Clinical & Experimental Research* 23, no. 4 (Apr 1999): 716-9.
This review treats the subject broadly.
- Gilbert, M. C. “**Coping with pediatric migraine.**” *Social Work in Health Care* 28, no. 3 (1999): 21-38.
[Abstract:] Strategies used by latency-aged children to cope with pediatric migraine pain are identified in this exploratory study. The following three broad categories of coping and their subtypes emerged from the data: affective, cognitive, and problem-focused coping. Implications for practice, research, and education, particularly regarding the use of spirituality and prevention, are discussed.
- Gross, R. and Jensen, N. “**Using evidence to make decisions.**” *Wisconsin Medical Journal* 98, no. 2 (Mar-Apr 1999): 53-6.
The author comments on the trend in evidence-based medicine and the role of the physician in modern health-care. [From the abstract:] The importance of medical ethics, common sense, and spirituality will not diminish for all this; indeed it may be enhanced as growing consensus on the evidence allows us to focus on the "non-evidence" aspects of our practices.
- Grossoehme, D. H. and Springer, L. S. “**Images of God used by self-injurious burn patients.**” *Burns* 25, no. 5 (Aug 1999): 443-8.
[Abstract:] Suicide by burning and other forms of self-injurious behaviors which involve burning are sometimes considered to have religious overtones. The ritual death of widows upon their husband's funeral pyre is closely associated with Hindu beliefs. Buddhists have used self-immolation as a form of protest. The Judeo-Christian traditions have imagery of fire as cleansing and purifying; there is also secular imagery associating fire with images of condemnation and evil. Previous studies have described religiosity as a common theme among survivors. The present study describes the ways in which persons who inflicted self-injurious behaviors through burning, including attempted suicide, imagine the Divinity and use religious language to give meaning to their experience.
- Harmon, R. L. and Myers, M. A. “**Prayer and meditation as medical therapies.**” *Physical Medicine & Rehabilitation Clinics of North America* 10, no. 3 (Aug 1999): 651-62.
[Abstract:] Prayer and meditation have been used as health-enhancing techniques for centuries. Their use has been investigated more recently in the context of more conventional, allopathic medical approaches. These studies, despite methodological limitations, show some promise for the formal application and integration of these techniques into western medical practice. Some potential benefits from meditation include reduced perceived stress and improvement in mild hypertension. Prayer appears to offer subjective benefit to those who pray; the effects of intercessory prayer on the health status of unknowing individuals requires more investigation.

- Harris, W. S., Gowda, M., Kolb, J. W., Strychacz, C. P., Vacek, J. L., Jones, P. G., Forker, A., O'Keefe, J. H. and McCallister, B. D. **"A randomized, controlled trial of the effects of remote, intercessory prayer on outcomes in patients admitted to the coronary care unit."** *Archives of Internal Medicine* 159, no. 19 (Oct 25, 1999): 2273-8.
 [Abstract:] CONTEXT: Intercessory prayer (praying for others) has been a common response to sickness for millennia, but it has received little scientific attention. The positive findings of a previous controlled trial of intercessory prayer have yet to be replicated. OBJECTIVE: To determine whether remote, intercessory prayer for hospitalized, cardiac patients will reduce overall adverse events and length of stay. DESIGN: Randomized, controlled, double-blind, prospective, parallel-group trial. SETTING: Private, university-associated hospital. PATIENTS: Nine hundred ninety consecutive patients who were newly admitted to the coronary care unit (CCU). INTERVENTION: At the time of admission, patients were randomized to receive remote, intercessory prayer (prayer group) or not (usual care group). The first names of patients in the prayer group were given to a team of outside intercessors who prayed for them daily for 4 weeks. Patients were unaware that they were being prayed for, and the intercessors did not know and never met the patients. MAIN OUTCOME MEASURES: The medical course from CCU admission to hospital discharge was summarized in a CCU course score derived from blinded, retrospective chart review. RESULTS: Compared with the usual care group (n = 524), the prayer group (n = 466) had lower mean +/- SEM weighted (6.35 +/- 0.26 vs 7.13 +/- 0.27; P=.04) and unweighted (2.7 +/- 0.1 vs 3.0 +/- 0.1; P=.04) CCU course scores. Lengths of CCU and hospital stays were not different. CONCLUSIONS: Remote, intercessory prayer was associated with lower CCU course scores. This result suggests that prayer may be an effective adjunct to standard medical care.
- Hassed, C. **"Cancer and chronic pain."** *Australian Family Physician* 28, no. 1 (Jan 1999): 17-21, 23-4.
 The author advocates for a "systematic and holistic approach" taking into account, among other things, patients' individual physical, psychological and spiritual factors.
- Hassed, C., **"Spirituality and health."** *Australian Family Physician* 28, no. 4 (Apr 1999): 387-8.
 This review from Australia treats the subject in general.
- Higgins, P. G. and Learn, C. D. **"Health practices of adult Hispanic women."** *Journal of Advanced Nursing* 29, no. 5 (May 1999): 1105-12.
 This focused ethnography discovered, among other things, a theme of the importance of spirituality and the integration of the spiritual dimension.
- Hinton, J. **"The progress of awareness and acceptance of dying assessed in cancer patients and their caring relatives."** *Palliative Medicine* 13, no 1 (Jan 1999): 19-35.
 The study examined awareness and acceptance of dying in a randomized sample of 76 hospice cancer patients and caring relatives through semi-structured interviews. Among the concepts used to describe *awareness* were faith and spiritual values.
- Holland, J. C., Passik, S., Kash, K. M., Russak, S. M., Gronert, M. K., Sison, A., Lederberg, M., Fox, B. and Baider, L. **"The role of religious and spiritual beliefs in coping with malignant melanoma."** *Psycho-Oncology* 8, no.1 (Jan-Feb 1999): 14-26.
 [Abstract:] This study investigated the role of spiritual and religious beliefs in ambulatory patients coping with malignant melanoma. One-hundred and seventeen patients with melanoma being seen in an outpatient clinic completed a battery of measurements including the newly validated Systems of Belief Inventory (SBI-54). No correlation was found between SBI-54 scores and levels of distress. However, there was a correlation between greater reliance on spiritual and religious beliefs and use of an active-cognitive coping style ($r = 0.46, p < 0.0001$). Data suggest that use of religious and spiritual beliefs is associated with an active rather than passive form of coping. We suggest that such beliefs provide a helpful active-cognitive framework for many individuals from which to face the existential crises of life-threatening illness.
- Joseph, G. A. and Rao, P. S. **"Impact of leprosy on the quality of life."** *Bulletin of the World Health Organization* 77, no. 6 (1999): 515-7.
 This study of individuals in Andhra Pradesh, India, uses the World Health Organization questionnaire on quality of life, measuring six domains: physical, psychological, level of independence, social relationships, spiritual, and environmental. The mean QOL score of the test group was significantly lower than that of the control group for all domains *except* the spiritual domain.
- Juarez, G., Ferrell, B. and Borneman, T. **"Cultural considerations in education for cancer pain management."** *Journal of Cancer Education* 14, no. 3 (Fall 1999): 168-73.
 The study used the City of Hope Quality-Of-Life measure to compare and contrast pain management and QOL outcomes (including spiritual well-being) for Caucasian, Hispanic, and African American patients and found among the three ethnic groups significant differences with clinical implications.
- Karasu, T. B. **"Spiritual psychotherapy."** *American Journal of Psychotherapy* 53, no. 2 (Spring 1999): 143-62.
 The author proposes a practice of spiritual psychotherapy, which transcends but does not preclude traditional modalities or strategies of treatment. Concepts of *spirit* and *soul* are distinguished; and six "tenets of transcendence" are delineated: Love of Others, Love of Work, Love of Belonging, Belief in the Sacred, Belief in Unity, and Belief in Transformation—the former three are associated with "soulfulness" and the latter three with spirituality.
- Kehoe, N. C. **"A therapy group on spiritual issues for patients with chronic mental illness."** *Psychiatric Services* 50, no. 8 (Aug 1999): 1081-3.
 [Abstract:] The author describes experiences gained over 18 years of conducting a therapy group for chronically ill psychiatric patients that focuses on spiritual beliefs and values. The group is held in a day treatment center and is attended by both men and women, whose ages have ranged from 22 to 60 years. Staff concerns that discussion of religious and spiritual material would foster patients' delusional ideation or strengthen their defenses and be counterproductive to treatment or that patients could not tolerate diverse systems of beliefs have not been borne out. Such groups foster tolerance, self-awareness, and nonpathogenic therapeutic exploration of value systems. Group rules contributing to its success are tolerance of diversity, respect of others' beliefs, a ban on proselytizing, and open membership.

- Kendall, M. L. "A holistic nursing model for spiritual care of the terminally ill." *American Journal of Hospice & Palliative Care* 16, no. 2 (Mar-Apr 1999): 473-6.
The article gives a broad treatment of the subject matter.
- Kendler, K. S., Gardner, C. O. and Prescott, C. A. "Clarifying the relationship between religiosity and psychiatric illness: the impact of covariates and the specificity of buffering effects." *Twin Research* 2, no. 2 (June 1999): 137-44.
[Abstract:] Previous analyses in a large population-based sample of female twins indicated that three dimensions of religiosity--personal devotion, personal conservatism and institutional conservatism--were, in different ways, significantly related to current depressive symptoms and substance use and lifetime psychiatric and substance use disorders. Furthermore, personal devotion, but neither personal conservatism nor institutional conservatism, buffered the depressogenic effects of stressful life events (SLEs). We here explore further these results, using linear, logistic and Cox regression models. Eight personality and six demographic variables had distinct patterns of association with the three dimensions. Personal devotion was positively associated with years of education, age, and optimism and negatively correlated with neuroticism. Personal conservatism was negatively associated with education, income, age, mastery and positively correlated with neuroticism. Institutional conservatism was negatively correlated with self-esteem and parental education. Covarying for these 14 variables produced little change in their association with psychiatric and substance use outcomes. The impact of the dimensions of religiosity differed as a function of the SLE category. High levels of both personal devotion and institutional conservatism protected against the depressogenic effects of death and personal illness. High levels of personal conservatism were associated with increased sensitivity to relationship problems. These results suggest that the association between religiosity and low risk for symptoms of depression and substance use may be in part causal. The relationship between dimensions of religiosity and response to SLEs is complex but probably of importance in clarifying the nature of the coping process.
- Khouzam, H. R. "Helping your patients beat cocaine addiction. The four dimensions of treatment." *Postgraduate Medicine* 105, no. 3 (Mar 1999): 185-91.
[From the abstract:] A comprehensive treatment approach requires integration of pharmacologic, psychological, social, and spiritual dimensions, although research is needed to demonstrate the efficacy of such an approach in maintaining abstinence.
- King, M., Speck, P. and Thomas, A. "The effect of spiritual beliefs on outcome from illness." *Social Science & Medicine* 48, no. 9 (May 1999): 1291-9.
This study's association of *stronger* spiritual belief with *poorer* medical outcomes raises significant questions. [Note the abstract:] We aimed to assess the role of spiritual belief in clinical outcome of patients nine months after hospital admission. Two hundred and fifty patients admitted to a London teaching hospital were recruited and followed up for nine months. Outcome measures were clinical status as recorded in the outpatient records and patients' self reported health status and beliefs. A hundred and ninety-seven (79%) patients professed some form of spiritual belief, whether or not they engaged in a religious activity. Strength of belief was lower in patients who were in a more serious clinical state on admission ($F = 3.099$, $d.f. = 2$ and 192 , $p = 0.05$). Case note information was available nine months later for 234 patients (94%) and contained useful information for judging clinical outcome in 189 (76%). Patients with stronger spiritual beliefs were 2.3 times more likely ($CI = 1.1-5.1$, $p 0.033$) to remain the same or deteriorate clinically nine months later. Other predictors of poor outcome were male gender and sleep disturbance at time of admission to hospital. We conclude that a stronger spiritual belief is an independent predictor of poor outcome at nine months in patients admitted to two acute services of a London hospital. It is more predictive of outcome than physical state assessed by clinicians, or self-reported psychological state, at admission.
- Kirk, K. M. Eaves, L. J. and Martin, N. G. "Self-transcendence as a measure of spirituality in a sample of older Australian twins." *Twin Research* 2, no. 2 (Jan 1999): 81-7.
[Abstract:] Measures of self-transcendence, physical health and psychological well-being were included in a self-report Health and Lifestyle questionnaire administered to Australian twins aged over 50 between 1993 and 1995. Self-transcendence appears to be higher among older Australian women than men, and was significantly associated with religious affiliation, marital status (in women) and age (in men). No strong correlations were observed between self-transcendence and any measure of psychological or physical health. Additive genetic effects were found to be important in influencing self-transcendence, with heritability estimates of 0.37 and 0.41 for men and women respectively, whilst shared environment effects were not found to be significant. Multivariate modeling of self-transcendence scores and self-reported church attendance behavior indicated substantially different etiologies for these variables, with implications for methods of investigation of religiosity and spirituality.
- Koenig, H. G., Hays, J. C., Larson, D. B., George, L. K., Cohen, H. J., McCullough, M. E., Meador, K. G. and Blazer, D. G. "Does religious attendance prolong survival? A six-year follow-up study of 3,968 older adults." *Journals of Gerontology. Series A, Biological Sciences & Medical Sciences* 54, no. 7 (Jul 1999): M370-6.
[Abstract:] METHODS: A probability sample of 3,968 community-dwelling adults aged 64-101 years residing in the Piedmont of North Carolina was surveyed in 1986 as part of the Established Populations for the Epidemiologic Studies of the Elderly (EPESE) program of the National Institutes of Health. Attendance at religious services and a wide variety of sociodemographic and health variables were assessed at baseline. Vital status of members was then determined prospectively over the next 6 years (1986-1992). Time (days) to death or censoring in days was analyzed using a Cox proportional hazards regression model. RESULTS: During a median 6.3-year follow-up period, 1,777 subjects (29.7%) died. Of the subjects who attended religious services once a week or more in 1986 (frequent attenders), 22.9% died compared to 37.4% of those attending services less than once a week (infrequent attenders). The relative hazard (RH) of dying for frequent attenders was 46% less than for infrequent attenders (RH: 0.54, 95% CI 0.48-0.61), an effect that was strongest in women (RH 0.51, CI 0.434-0.59) but also present in men (RH 0.63, 95% CI 0.52-0.75). When demographics, health conditions, social connections, and health practices were controlled, this effect remained significant for the entire sample (RH 0.72, 95% CI 0.64-0.81), and for both women (RH 0.65, 95% CI 0.554-0.76, $p < .0001$) and men (RH 0.83, 95% CI 0.69-1.00, $p = .05$). CONCLUSIONS: Older adults, particularly women, who attend religious services at least once a week appear to have a survival advantage over those attending services less frequently.
- Kristeller, J. L., Zumbun, C. S. and Schilling, R. F. "I would if I could': how oncologists and oncology nurses address spiritual distress in cancer patients." *Psycho-Oncology* 8, no. 5 (Sep-Oct 1999): 451-8.

[From the abstract:] Spiritual/existential distress was one of 18 issues covered in a survey of oncologists' (n=94) and oncology nurses' (n=267) attitudes and practices regarding psychosocial issues. A substantial proportion of both oncologists (37.5%) and nurses (47.5%) identified themselves as primarily responsible for addressing spiritual distress in their setting. However, over 85% of both MDs and RNs felt that ideally a chaplains should address such issues. Working in an inpatient setting predicted that nurses, but not doctors, would confer with chaplains. In the case of poor prognoses, younger MDs were more likely to address spirituality (r=-0.26). Perceived impact was also a predictor of whether spirituality issues were addressed. Results suggest that spiritual distress experienced by cancer patients may be under-addressed due to time constraints, lack of confidence in effectiveness, and role uncertainty.

Leukefeld, C. G. and Leukefeld, S. **“Primary socialization theory and a bio/psycho/social/spiritual practice model for substance use.”** *Substance Use & Misuse* 34, no. 7 (Jun 1999): 983-91.

The article describes the theory and model.

Lovinger, S. L., Miller, L., Lovinger, R. J. **“Some clinical applications of religious development in adolescence.”** *Journal of Adolescence* 22, no. 2 (Apr 1999): 269-77.

[Abstract:] The use of religion in the lives of adolescents to repair problematic or disrupted attachments is discussed in the context of attachment theory and Kohut's self-psychology theory, with particular reference to the self-object. It is proposed that adolescents do not seek to break ties with parents or adults so much as to revise their relationships in a more adult direction. Two adolescent cases, one beginning treatment in childhood and the other in early adolescence, are presented and discussed in the context of attachment theory and self-psychology.

Lukoff, D., Provenzano, R., Lu, F. and Turner R. **“Religious and spiritual case reports on MEDLINE: a systematic analysis of records from 1980 to 1996.”** *Alternative Therapies in Health & Medicine* 5, no. 1 (Jan 1999): 64-70.

[The conclusions of this article stand somewhat in contrast with the very extent of the present bibliography but provide important historical context. *See the abstract:*] **OBJECTIVE:** To undertake a systematic analysis of case reports involving religious or spiritual issues published between 1980 and 1996. **DATA SOURCES:** MEDLINE, the National Library of Medicine's bibliographic database covering the fields of medicine, nursing, dentistry, veterinary medicine, and the pre-clinical sciences. **STUDY SELECTION:** A search of 4,306,906 records indexed on MEDLINE from 1980 to 1996. **DATA EXTRACTION:** A total of 364 abstracts were found, then subjected to coding analysis. **DATA SYNTHESIS:** Categories were developed for (1) types of healthcare situations involving religious/spiritual issues, (2) religious and spiritual interventions, (3) collaboration between healthcare and religious professionals, (4) psychopathology and sensitivity themes, and (5) religious faith/spiritual path. Although all of these case reports involved religious and spiritual issues, only 45 (12%) explicitly mentioned a religious professional. Of these, only 8 (2%) indicated any collaboration between healthcare and religious professionals. **CONCLUSIONS:** A paucity of published case report literature exists on religious and spiritual issues (.008% of the MEDLINE records), indicating that the increasing acceptance of these factors by patients and healthcare professionals is not yet reflected in scientific and clinical journals. A need exists for more documented examples of collaboration between healthcare and religious professionals.

Mallinson, R. K. **“Grief work of HIV positive persons and their survivors.”** *Nursing Clinics of North America* 34, no. 1 (Mar 1999): 163-77.

The authors address broadly the subject of supporting the physical, emotional, and spiritual health and well-being by facilitating the grief work of HIV-positive persons and their survivors, thus serving [from the abstract:] to assuage unhealthy sequelae, promote effective coping skills, and provide opportunities for personal growth.

Masera, G., Spinetta, J. J., Jankovic, M., Ablin, A. R., D'Angio, G. J., Van Dongen-Melman, J., Eden, T., Martins, A. G., Mulhern, R. K., Oppenheim, D., Topf, R. and Chesler, M. A. **“Guidelines for assistance to terminally ill children with cancer: a report of the SIOP Working Committee on psychosocial issues in pediatric oncology.”** *Medical & Pediatric Oncology* 32, no.1 (Jan 1999): 44-8.

This is the sixth official document of the SIOP Working Committee on psychosocial issues in pediatric oncology. [From the abstract:] It should be always possible for a declining child to die without unnecessary physical pain, fear, or anxiety. It is essential that he or she receive adequate medical, spiritual, and psychological support, and that the child at no point feels abandoned.

McCullough, M. E. and Larson, D. B. **“Religion and depression: a review of the literature.”** *Twain Research* 2, no. 2 (Jan 1999): 126-36.

The authors present an overview of findings from 80 published and unpublished studies offering various results on the subject. [From the abstract:] Longitudinal research is sparse, but suggests that some forms of religious involvement might exert a protective effect against the incidence and persistence of depressive symptoms or disorders. The existing research is sufficient to encourage further investigation of the associations of religion with depressive symptoms and disorder. Religion should be measured with higher methodological standards than those that have been accepted in survey research to date.

McGrath, P. **“Update on psychosocial research on leukemia for social work practitioners.”** *Social Work in Health Care* 29, no. 2 (1999): 1-20.

The article describes an Australian research program on leukemia and associated hematological disorders to inform service provision and policy development for patients and their families, indicating that these patients, with a high rate of morbidity, are vulnerable to physical, social, emotional and spiritual distress (along with their family members and caregivers), and concludes with a description of current research projects regarding these psychosocial issues.

McKennis, A. T., **“Caring for the Islamic patient.”** *AORN Journal* 69, no. 6 (Jun 1999): 1187-96; quiz 1199-206.

The author treats the subject broadly yet very practically from the perspective of health care delivery.

McKinney, J. P. and McKinney, K. G. **“Prayer in the lives of late adolescents.”** *Journal of Adolescence* 22, no. 2 (Apr 1999): 279-90.

This qualitative study of college students suggested that [from the abstract:] prayer may be a revealing approach to the psychosocial lives of late adolescents, including their central concerns, temporal orientation, and the social bounds of their definition of self.

- Mehl-Madrona, L. E. **“Native American medicine in the treatment of chronic illness: developing an integrated program and evaluating its effectiveness.”** *Alternative Therapies in Health & Medicine* 5, no. 1 (Jan 1999): 36-44.
Traditional Native American healing practices are considered, especially in terms of how physical illness is viewed simultaneously as spiritual, mental, and physical, and how counseling and ceremony are integral to the treatment program.
- Moadel, A., Morgan, C., Fatone, A., Grennan, J., Carter, J., Laruffa, G., Skummy, A. and Dutcher, J. **“Seeking meaning and hope: self-reported spiritual and existential needs among an ethnically-diverse cancer patient population.”** *Psycho-Oncology* 8, no. 5 (Sep-Oct 1999): 378-85.
[From the abstract:] The study sought to identify the nature, prevalence, and correlates of spiritual/existential needs among an ethnically-diverse, urban sample of 248 cancer patients. Patients indicated wanting help with: overcoming my fears (51%), finding hope (42%), finding meaning in life (40%), finding spiritual resources (39%); or someone to talk to about: finding peace of mind (43%), the meaning of life (28%), and dying and death (25%).
- Mohr, D. C., Dick, L. P., Russo, D., Pinn, J., Boudewyn, A. C., Likosky, W. and Goodkin, D. E. **“The psychosocial impact of multiple sclerosis: exploring the patient’s perspective.”** *Health Psychology* 18, no. 4 (Jul 1999): 376-82.
[From the abstract:] This study examined subjective patient experiences of the psychosocial consequences of multiple sclerosis (MS).... Three areas of subjective patient experience of the psychosocial consequences of MS emerged: demoralization, benefit-finding, and deteriorated relationships. Of particular interest was benefit-finding, which included a deepening of relationships, enhanced appreciation of life, and an increase in spiritual interests. Although benefit-finding was related to adaptive coping strategies such as positive reappraisal and seeking social support, it was unrelated to depression and was related to higher levels of anxiety and anger. These findings indicate that benefit-finding is a substantial and poorly understood part of the illness experience for MS patients.
- Moller, M. D. **“Meeting spiritual needs on an inpatient [psychiatric] unit.”** *Journal of Psychosocial Nursing & Mental Health Services* 37, no. 11 (Nov 1999): 5-10.
Focus groups were held with patients (and their families) who had experienced inpatient psychiatric hospitalization. Four themes emerged to describe spiritual needs during such hospitalization: comfort, companionship, conversation, and consolation; and eleven interventions were identified in relation to these themes.
- Mytko, J. J. and Knight, S. J. **“Body, mind and spirit: towards the integration of religiosity and spirituality in cancer quality of life research.”** *Psycho-Oncology* 8, no. 5 (Sep-Oct 1999): 439-50.
This paper reviews the literature relating religion and spirituality to physical and emotional health and quality of life, considers definition and measurement issues, and provides a rationale and methodological suggestions for future studies assessing religious and spiritual beliefs of cancer patients in relation to quality of life.
- Narayanasamy, A. **“ASSET: a model for actioning spirituality and spiritual care education and training in nursing.”** *Nurse Education Today* 19, no. 4 (May 1999): 274-85.
--This paper, from the University of Nottingham, England, presents a detailed model of spiritual care education for nursing school and includes a review of empirical studies on spirituality and nursing education.
- Narayanasamy, A. **“A review of spirituality as applied to nursing.”** *International Journal of Nursing Studies* 36, no. 2 (Apr 1999): 117-25.
This British review finds that “the holistic understanding of spirituality,” as seen in the literature, stems almost exclusively from a Christian religious tradition. The author encourages a view of spirituality which encompasses a “biological basis,” an understanding of which may be advanced by empirical research.
- Pullen, L., Modrcin-Talbott, M. A., West, W. R. and Muenchen, R. **“Spiritual high vs. high on spirits: is religiosity related to adolescent alcohol and drug abuse?”** *Journal of Psychiatric & Mental Health Nursing* 6, no. 1 (Feb 1999): 3-8.
The study of 217 adolescents, age 12-19, in the Southeast United States showed that, as attendance at religious services increased, alcohol and drug abuse decreased. The authors suggest further study to determine implications for adolescent drug treatment programs.
- Rehm, R. S. **“Religious faith in Mexican-American families dealing with chronic childhood illness.”** *Image - the Journal of Nursing Scholarship* 31, no. 1 (1999): 33-8.
[From the abstract:] FINDINGS: Parents professed a variety of beliefs and devotional practices. Six unifying dimensions of religious faith were related to parental care-taking and decision making for the family: (a) God determined the outcome of the child’s illness, (b) God and health care for the child were closely linked, (c) parents took an active role in facilitating God’s will, (d) families had obligations to God, (e) intercession with God by others was often sought by or offered to the family, and (f) faith encouraged optimism. CONCLUSIONS: Families were not fatalistic in the sense of feeling outcomes were predetermined and unalterable. Family members took spiritual and secular actions to assure the best possible familial and professional care for their child and sought to influence God’s good will on behalf of the child and family.
- Reyes-Ortiz, C. A. **“The mind-heart connection in coronary artery disease.”** *Comprehensive Therapy* 25, no. 3 (Mar 1999): 169-73.
[Abstract:] Mind and heart are connected by neurocardiologic pathways. Psychosocial risk factors produce sympathetic activation, resulting in mortality in coronary artery disease. Aspirin, exercise, and psychosocial and spiritual supports are important resources in protecting the heart against these risk factors.
- Rosner, F. **“Complementary therapies and traditional Judaism.”** *Mount Sinai Journal of Medicine* 66, no. 2 (Mar 1999): 102-5.
The author describes the role of such activities as the use of prayer, faith healing, and amulets for healing within Jewish tradition.

- Ross, D. D., Keay, T., Timmel, D., Alexander, C., Dignon, C., O'Mara, A. and O'Brien, W., III. **"Required training in hospice and palliative care at the University of Maryland School of Medicine."** *Journal of Cancer Education* 14, no. 3 (Fall 1999): 132-6.
The article describes a curriculum developed and integrated over four years into the University of Maryland School of Medicine, covering pain management, management of non-pain symptoms, and recognition of and basic interventions in spiritual and psychosocial suffering.
- Sauter, P. K. and Coleman, J. **"Pancreatic cancer: a continuum of care."** *Seminars in Oncology Nursing* 15, no. 1 (Feb 1999): 36-47.
The article addresses implications for nursing practice, including the need for the psychological, social, and spiritual support of patients and their families.
- Savage, L. S. and Canody, C. **"Life with a left ventricular assist device: the patient's perspective."** *American Journal of Critical Care* 8, no. 5 (Sep 1999): 340-3.
Among the findings: spirituality, humor, and strong family relationships were found to contribute to the positive outlook of patients in this qualitative study.
- Simpson, M. R. and King, M. G. **"God brought all these churches together': issues in developing religion-health partnerships in an Appalachian community."** *Public Health Nursing* 16, no. 1 (Feb 1999): 41-9.
[From the abstract:] This study explored health-related and organizational religious activities in an Appalachian community and identified cultural issues in the development of religion-health partnerships. Partnerships between religious groups and health providers are a channel for health promotion efforts to vulnerable populations and must be approached from the culture of the community. An ethnographic, exploratory study of health-related and organizational activities in non-mainline religious groups yielded the use of prayer requests, anointing, testimonial, and denominational links as potential health resources.
- Sloan, R. P., Bagiella, E. and Powell, T. **"Religion, spirituality, and medicine."** *Lancet* 353, no. 9153 (Feb 20, 1999): 664-7.
[Comment in *Lancet* 353, no. 9166 (May 22, 1999): 1803; *Lancet* 353, no. 9166 (May 22, 1999): 1803-4; and *Lancet* 353, no. 9166 (May 22, 1999): 1804; and see also comment by Dossey, L. in *Alternative Therapies in Health & Medicine* 5, no.3 (May 1999): 16-8; with further comment in *Alternative Therapies in Health & Medicine* 5, no. 4 (Jul 1999): 18.]
This article, challenging the appropriateness of physician involvement in spirituality with patients and questioning the science behind many studies of spirituality and health precipitated quite widespread discussion on the subject, as is evidenced by the number of comments published.
- Smith, A. A. and Friedemann, M. L. **"Perceived family dynamics of persons with chronic pain."** *Journal of Advanced Nursing* 30, no. 3 (Sep 1999): 543-51.
Analysis of data in this qualitative study led the authors to "mid-range theory" of [from the abstract:] balancing and counterbalancing connectedness (spirituality) with personal autonomy or separateness (control) in order to find congruence for the family and individuals within. The pain sometimes acted as a mechanism regulating the distance and closeness among family members.
- Struthers, R. and Littlejohn, S. **"The essence of Native American nursing."** *Journal of Transcultural Nursing* 10, no. 2 (Apr 1999): 131-5.
[From the abstract:] This article emerged at the "Gathering of Wisdom: American Indian Nursing Summit III," which took place in October 1997 on the Flathead Indian Reservations in Polson, Montana. This gathering described and clarified the distinctiveness of Native American nursing.... This article describes a process of discovery in which seven themes emerged on the essence of Native American nursing. These themes, in ascending order of significance, are caring, traditions, respect, connection, holism, trust, and spirituality.
- Subach, R. A. and Abul-Ezz, S. R. **"Religious reasons for discontinuation of immunosuppressive medications after renal transplant."** *Renal Failure* 21, no. 2 (Mar 1999): 223-6.
The authors present a case in which belief in faith healing led to discontinuation of immunosuppressive medications after renal transplantation, and they argue that religious and spiritual beliefs should be assessed pre- and post-transplant.
- Sulmasy, D. P. **"Is medicine a spiritual practice?"** *Academic Medicine* 74, no. 9 (Sep 1999): 1002-5.
The author, from the Department of Ethics, Saint Vincent's Hospital (New York), supports a connection between medicine and spirituality and holds that "the transcendent can be experienced in and through the practice of medicine, which essentially involves personal relationships with patients and always raises transcendent questions for patients and practitioners." He suggests, among other things, that physicians speak with each other about spiritual issues that arise in the practice of medicine, as a means to better prepare to meet the spiritual needs of patients.
- Taylor, E. J., Highfield, M. F. and Amenta, M. **"Predictors of oncology and hospice nurses' spiritual care perspectives and practices."** *Applied Nursing Research* 12, no. 1 (Feb 1999): 30-7.
The study found that the greatest determinant of spiritual care practices and perspectives of nurses was the individual spirituality of the nurse, thus pointing to the importance of nurses' self-awareness of their spirituality.
- Taylor, E. J., Outlaw, F. H., Bernardo, T. R. and Roy, A. **"Spiritual conflicts associated with praying about cancer."** *Psycho-Oncology* 8, no. 5 (Sep-Oct 1999): 386-94.
Interviews with 30 persons in various phases of the cancer experience and with diverse religious backgrounds [from the abstract:] revealed that many had hesitations about petitionary prayers for particular things, a cure, or for themselves; and many also indicated questions about theodicy and the meaning of having cancer and the nature of God and acknowledged 'unanswered' prayer. Several described an inner conflict about releasing control to God. A few referred to bargaining with God, and a few doubted their personal spirituality and worth, if they were praying correctly, and if prayer was efficacious.

- Thomas, J. and Retsas, A. **“Transacting self-preservation: a grounded theory of the spiritual dimensions of people with terminal cancer.”** *International Journal of Nursing Studies* 36, no. 3 (Jun 1999): 191-201.
This Australian study describes the spiritual meanings people with terminal cancer give to their everyday life-experiences and found that “people with terminal cancer develop a spiritual perspective that strengthens their approaches to life and death.” The authors suggest clinical implications for nursing.
- Tsevat, J., Sherman, S. N., McElwee, J. A., Mandell, K. L., Simbartl, L. A., Sonnenberg, F. A. and Fowler, F. J., Jr. **“The will to live among HIV-infected patients.”** *Annals of Internal Medicine* 131, no. 3 (Aug 3, 1999): 194-8.
This study of 51 HIV-infected persons found that [from the abstract:] factors contributing to life satisfaction and time-tradeoff scores included spirituality and having children.... Many patients with HIV have a strong will to live, and many feel that life with HIV is better than it was before they became infected.
- Upton, M. P. **“Buddhism and medicine: reflections.”** *Advances in Mind-Body Medicine* 15, no. 2 (Spring 1999): 138-9.
[Abstract:] The author, whose spiritual practice combines Christianity and Zen meditation, explains how meditation and Buddhist perspectives affect her work.
- VandeCreek, L., Rogers, E., and Lester, J., **“Use of alternative therapies among breast cancer outpatients compared with the general population.”** *Alternative Therapies in Health & Medicine* 5, no. 1 (Jan 1999): 71-6.
[From the abstract:] RESULTS: The 3 most frequently used alternative therapies were prayer (76%), exercise (38%), and spiritual healing (29%). Comparison with the general public profiles revealed that breast cancer patients more frequently used 17 specific alternative therapies. The largest increases were found in the use of prayer (51% increase), spiritual healing (25% increase), and megavitamins (23% increase). Only chiropractic was used substantially more often among the general population.
- Varon, S. R. and Riley, A. W. **“Relationship between maternal church attendance and adolescent mental health and social functioning.”** *Psychiatric Services* 50, no. 6 (Jun 1999): 799-805.
This study of 143 youths found that [from the abstract:] youths whose mothers attended religious services at least once a week had greater overall satisfaction with their lives, more involvement with their families, and better skills in solving health-related problems and felt greater support from friends compared with youths whose mothers had lower levels of participation in religious services. Maternal attendance at religious services had a strong association with the youths' outcome in overall satisfaction with health and perceived social support from friends, although family income was the strongest predictor of five other aspects of functioning, including academic performance. CONCLUSIONS: Frequent maternal participation in religious services was associated with healthy functioning and well-being in this sample of young adolescents. This association is as important as or more important than associations involving other traditional demographic variables, with the exception of family income.
- Wan, G. J., Counte, M. A., Cella, D. F., Hernandez, L., McGuire, D. B., Deasay, S., Shiimoto, G. and Hahn, E. A. **“The impact of socio-cultural and clinical factors on health-related quality of life reports among Hispanic and African-American cancer patients.”** *Journal of Outcome Measurement* 3, no. 3 (1999): 200-15.
[From the abstract:] This study identified performance status and spiritual beliefs as consistent predictors of overall HRQL [Health Related Quality of Life].... Spiritual beliefs and performance status are important determinants of HRQL across a diverse group of cancer patients.
- Watson, J., **“Becoming aware: knowing yourself to care for others.”** *Home Healthcare Nurse* 17, no. 5 (May 1999): 317-22.
[Abstract:] This article describes the significance of self-awareness in emotional and spiritual realms for hospice workers in providing high-quality care and in nurturing themselves for the long term.
- Welch, J. L. and Austin, J. K. **“Quality of life in black hemodialysis patients.”** *Advances in Renal Replacement Therapy* 6, no. 4 (Oct 1999): 351-7.
Quality of life assessment of 79 patients found (among other findings) that psychological/spiritual quality of life was higher than health and functioning quality of life, and younger age and more education were associated with poorer psychological/spiritual quality of life.
- Woods, T. E., Antoni, M. H., Ironson, G. H. and Kling, D. W. **“Religiosity is associated with affective and immune status in symptomatic HIV-infected gay men.”** *Journal of Psychosomatic Research* 46, no. 2 (Feb 1999): 165-76.
[From the abstract:] This study examines the relationship between religiosity and the affective and immune status of 106 HIV-seropositive mildly symptomatic gay men (CDC stage B).... Factor analysis of 12 religiously oriented response items revealed two distinct aspects to religiosity: religious coping and religious behavior. Religious coping (e.g., placing trust in God, seeking comfort in religion) was significantly associated with lower scores on the Beck Depression Inventory, but not with specific immune markers. On the other hand, religious behavior (e.g., service attendance, prayer, spiritual discussion, reading religious literature) was significantly associated with higher T-helper-inducer cell (CD4+) counts and higher CD4+ percentages, but not with depression. Regression analyses indicated that religiosity's associations with affective and immune status was not mediated by the subjects' sense of self-efficacy or ability to actively cope with their health situation. The associations between religiosity and affective and immune status also appear to be independent of symptom status. Self-efficacy, however, did appear to contribute uniquely and significantly to lower depression scores. Our results show that an examination considering both subject religiosity as well as sense of self-efficacy may predict depressive symptoms in HIV-infected gay men better than an examination that considers either variable in isolation.
- Yali, A. M. and Lobel, M. **“Coping and distress in pregnancy: an investigation of medically high risk women.”** *Journal of Psychosomatic Obstetrics & Gynecology* 20, no. 1 (Mar 1999): 39-52.
This study of 167 pregnant women at high medical risk found that they most often “coped with the demands and challenges of pregnancy through prayer and positive appraisal.”