

# Spirituality & Health: A Select Bibliography of Medline-Indexed Articles Published in 2000

Chaplain John W. Ehman  
University of Pennsylvania Health System  
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The following is a selection of 116 Medline-indexed journal articles pertaining to spirituality & health published during 2000. Medline lists over 320 citations for the year under subject headings of *religion*, *religion & health*, *religion & psychology*, and *pastoral care*. The sample here indicates the great variety of articles appearing in the literature, but note that since Medline is itself a selective index of journals, an even broader range of articles regarding spirituality & health may be found through other health science indices/data bases (e.g., CINAHL/Nursing or PSYCHinfo).

Abrahm, J. L. [Division of Hematology/Oncology, U. of Pennsylvania School of Medicine, Philadelphia, PA] “**Advances in pain management for older adult patients.**” [Review, 113 refs.] *Clinics in Geriatric Medicine* 16, no. 2 (May 2000): 269-311.

The author considers components of an effective pain management program for the care and support of dying patients and their families, including attention to spiritual concerns.

Abrams, M. [University of Washington, Bothell WA 98021-4900; mabrams@u.washington.edu] “**Death and meaning in a storefront church.**” *Public Health Nursing* 17, no. 2 (Mar-Apr, 2000): 132-42.

The article suggests that the approaches to working with people around death and dying observed in this study may be instructive for nursing practice. [From the abstract:] This study, based in a small Black storefront church, explores the meaning of death and the experience of grieving among the deeply religious church members. Ethnographic description and analysis of life history interviews were employed to analyze these concepts. Church members had a particular way of managing the death of one of their members or the death of a child. They made an attempt to “go on,” and they had a strong belief in an afterlife. Church members sometimes experienced visions and visits from “the other side” that supported these beliefs. They had a spiritual manner of comforting those left behind, speaking often of the “homegoing” with acceptance, examining the purpose of the “journey” of one’s life, trying to inspire hope, and yet simultaneously preparing for death. Members praised each other for doing all that they could for their loved one.

Abrams, M. [University of Washington, Bothell WA 98021-4900; mabrams@u.washington.edu] “**“Jesus will fix it after awhile”: meanings and health.**” *Social Science & Medicine* 50, no. 1 (Jan 2000): 89-105.

[Abstract:] This study uses an ethnographic approach including narrative analysis of life history interviews in order to examine how the life experiences and belief systems of a small group of poor and working class African American women from a storefront church in Seattle, Washington, inform and influence the women’s opinions and interactions with the dominant white health care system. This paper will examine specific dimensions of the women’s belief systems and discuss how these beliefs are applied as the women interpret, confront and examine the meaning of health and the meaning of their own experiences in specific health care encounters. The women’s belief systems, learned and reinforced within the context of their daily lives, enable the women to offer a unique critique of the health care system, as well as to maintain a powerful subjectivity in the face of an objectifying system, the dominant white western health care system.

Adams, T. B., Bezner, J. R., Drabbs, M. E., Zambarano, R. J. and Steinhardt, M. A. [School of Applied Health and Educational Psychology, Oklahoma State U., Stillwater OK] “**Conceptualization and measurement of the spiritual and psychological dimensions of wellness in a college population.**” *Journal of American College Health* 48, no. 4 (Jan 2000): 165-73.

[Abstract:] Wellness is commonly conceptualized as having many dimensions, but little effort has been made to evaluate how spiritual and psychological dimensions are related to overall wellness. To explore the relationship between measures of spiritual and psychological wellness and perceived wellness in a college student population, the authors administered a series of survey instruments to 112 undergraduate students under quiet classroom conditions. They used the Life Attitude Profile to measure spiritual wellness, the Life Orientation Test and the Sense of Coherence Scale to measure psychological wellness, and the Perceived Wellness Survey to measure overall wellness. Path analysis performed with a proposed theoretical model revealed that the effect of life purpose on perceived wellness was mediated by optimism and sense of coherence, which had independent effects on perceived wellness beyond that of life purpose. The findings suggested that an optimistic outlook and sense of coherence must be present for life purpose to enhance a sense of overall well-being.

Aldrich, S. and Eccleston, C. [Pain Management Unit, University of Bath, UK] “**Making sense of everyday pain.**” *Social Science & Medicine* 50, no. 11 (Jun 2000): 1631-41.

This study of 61 participants derived eight “factors or accounts of everyday pain,” including “pain as spiritual growth.” [From the abstract:] Common to all of the accounts is the theme of how pain relates to self, and in particular, of whether pain can change self.

al-Krenawi, A. and Graham, J. R. [Department of Social Work, Ben Gurion University of the Negev, Beer-Sheva, Israel; alean@bgumail.bgu.ac.il] “**Culturally sensitive social work practice with Arab clients in mental health settings.**” [Review, 30 refs.] *Health & Social Work* 25, no. 1 (Feb 2000): 9-22.

The article addresses practical considerations of cultural diversity in working with [from the abstract:] ethnic Arab peoples in Arab countries or in Western nations. These include taking into account gender relations, individuals’ places in their families and communities, patterns of mental health services use, and, for practice in Western nations, the client’s level of acculturation. Such aspects provide the basis for specific

guidelines in working with ethnic Arab mental health clients. These include an emphasis on short-term, directive treatment; communication patterns that are passive and informal; patients' understanding of external loci of control and their use of ethnospecific idioms of distress; and, where appropriate, the integration of modern and traditional healing.

Allbrook, D. B. [Swan Health Services, Midland; dallbrok@cygnus.uwa.edu.au] "**A metamorphosis: doctor to chaplain.**" *Medical Journal of Australia* 172, no. 8 (Apr 17, 2000): 390-1. See also the companion article by Faris, I. B., "Perspectives from a surgeon turned hospital chaplain," on pp. 389-90. [The latter article is also noted in this bibliography.]

This is a personal reflection by a retired palliative care physician and academic after a year in a hospital pastoral care (chaplaincy training) program. The author treats implications for his understanding of the practice of medicine and offers a description of the role of the chaplain.

Astin, J. A., Harkness, E. and Ernst, E. "**The efficacy of 'Distant Healing': a systematic review of randomized trials.**" *Annals of Internal Medicine* 132, no. 11 (Jun 6, 2000): 903-10.

The article reviews 23 studies of "distant healing" (considered here to be prayer, spiritual healing, mental healing, or therapeutic touch). [From the abstract:] Of the 23 studies, 13 (57%) yielded statistically significant treatment effects, 9 showed no effect over control interventions, and 1 showed a negative effect. CONCLUSIONS: The methodologic limitations of several studies make it difficult to draw definitive conclusions about the efficacy of distant healing. However, given that approximately 57% of trials showed a positive treatment effect, the evidence thus far merits further study.

Barr, J., Berkovitch, M., Matras, H., Kocer, E., Greenberg, R. and Eshel, G. [Pediatric Intensive Care Unit, Assaf Harofeh Medical Center, Zerifin, Israel; jbarr@post.tau.ac.il] "**Talismans and amulets in the Pediatric Intensive Care Unit: legendary powers in contemporary medicine.**" *Israel Medical Association Journal—IMAJ* 2, no. 4 (Apr 2000): 278-81.

[From the abstract:] ...We asked the parents of every child (Jews and Arabs) admitted to the Pediatric Intensive Care Unit over a 2 month period to complete a questionnaire, which included demographic data on the patient and the family, the use of talismans or other folk medicine practices, and the perception of the effects of these practices on the patient's well-being. A different questionnaire was completed by the ICU staff members on their attitude toward the use of amulets. RESULTS: Thirty percent of the families used amulets and talismans in the ICU, irrespective of the socioeconomic status of the family or the severity of the patient's illness. Amulets and talismans were used significantly more by religious Jews, by families with a higher parental educational level, and where the hospitalized child was very young. The estimated frequency of amulet use by the children's families, as perceived by the staff, was significantly higher than actual use reported by the parents. In Jewish families the actual use of amulets was found to be 30% compared to the 60% rate estimated by the medical staff; while in Moslem families the actual use was zero compared to the staff's estimation of about 36%. Of the 19 staff members, 14 reported that the use of amulets seemed to reduce the parents' anxiety, while 2 claimed that amulet use sometimes interfered with the staff's ability to carry out medical treatment. CONCLUSIONS: The use of talismans in a technologically advanced western society is more frequent than may have been thought. Medical and paramedical personnel dealing with very ill patients should be aware of the emotional and psychological implications of such beliefs and practices on patients and their families.

Bowles, J., Brooks, T., Hayes-Reams, P., Butts, T., Myers, H., Allen, W. and Kington, R. S. "**Frailty, family, and church support among urban African American elderly.**" *Journal of Health Care for the Poor & Underserved* 11, no. 1 (Feb 2000): 87-99.

[Abstract:] A community-based survey of 507 African Americans aged 60 and older from South Central Los Angeles was conducted to estimate the prevalence of frailty and describe the correlation between frailty, social support from family and church, and use of community services. Persons were considered frail if they met criteria for any of four conditions: functional impairment, depression, urinary incontinence, falls. Sixty-seven percent met criteria for frailty. Analyses revealed that frail elderly were significantly less likely to report feeling very close to family. Family contact, feeling that church was important, and receiving church support were similar for the frail and nonfrail. Frail elderly were more likely to use community services. These findings suggest that frail elderly in this population may not receive more support from family and church than non-frail elderly. There is a need for caution when assuming families and churches in urban African American communities are able to support the most vulnerable elderly.

Bresnahan, J. F. and Merrill, J. M. [Northwestern University, Chicago, IL 60611] "**Religious/spiritual concerns in caring for the cancer patient.**" *Cancer Treatment & Research* 102 (2000): 39-47.

Brown, C. M. [Pharmacy Practice and Administration Division, College of Pharmacy, University of Texas, Austin TX 78712-1074] "**Exploring the role of religiosity in hypertension management among African Americans.**" *Journal of Health Care for the Poor & Underserved* 11, no. 1 (Feb 2000): 19-32.

[Abstract:] The role of religiosity in hypertension management among African Americans was studied. Data were collected from in-depth, personal interviews with 20 African Americans who had been diagnosed with hypertension for at least one year. A majority of the participants used their religious beliefs as protective, control, and coping mechanisms in the management of hypertension. Their personal religious commitment enabled them to feel protected from immediate and long-term negative consequences of hypertension, as well as find meaning in and exert control over hypertension management. Furthermore, religious beliefs served to enhance their ability to cope with having hypertension. These findings support the utility and value of religiosity in the management of hypertension among African Americans. Implications for hypertension management and educational interventions are offered.

Burt, V. K. and Rudolph, M. [UCLA Neuropsychiatric Institute, 300 UCLA Medical Plaza, Los Angeles, CA 90095-6968; vburt@mednet.ucla.edu] "**Treating an Orthodox Jewish woman with obsessive-compulsive disorder maintaining reproductive and psychologic stability in the context of normative religious rituals.**" *American Journal of Psychiatry* 157, no. 4 (Apr 2000): 620-4.

This is a case report of an Orthodox Jewish woman of childbearing age being treated for comorbid obsessive-compulsive disorder (OCD) and major depression. The authors emphasize the need for cultural and religious sensitivity in determining a care plan, especially in light of the pharmacological implications for pregnancy.

- Campbell, M. K., Motsinger, B. M., Ingram, A., Jewell, D., Makarushka, C., Beatty, B., Dodds, J., McClelland, J., Demissie, S. and Demark-Wahnefried, W. [Department of Nutrition, University of North Carolina, Chapel Hill NC 27599-7400] **“The North Carolina Black Churches United for Better Health Project: intervention and process evaluation.”** *Health Education & Behavior* 27, no. 2 (Apr 2000): 241-53.  
 [Abstract:] The North Carolina Black Churches United for Better Health project was a 4-year intervention trial that successfully increased fruit and vegetable (F&V) consumption among rural African American adults, for cancer and chronic disease prevention. The multi-component intervention was based on an ecological model of change. A process evaluation that included participant surveys, church reports, and qualitative interviews was conducted to assess exposure to, and relative impact of, interventions. Participants were 1,198 members of 24 intervention churches who responded to the 2-year follow-up survey. In addition, reports and interviews were obtained from 23 and 22 churches, respectively. Serving more F&V at church functions was the most frequently reported activity and had the highest perceived impact, followed by the personalized tailored bulletins, pastor sermons, and printed materials. Women, older individuals, and members of smaller churches reported higher impact of certain activities. Exposure to interventions was associated with greater F&V intake. A major limitation was reliance on church volunteers to collect process data.
- Carney, M. T. and Meier, D. E. [Division of Geriatrics, Winthrop University Hospital, Mineola, New York] **“Palliative care and end-of-life issues.”** [Review, 96 refs.] *Anesthesiology Clinics of North America* 18, no. 1 (Mar 2000): 183-209.  
 This is an overview of elements of palliative care, including psychosocial and spiritual support, aimed at the achievement of [from the abstract:] “the goal of palliative care [which] is the achievement of the best quality of life for patients and their families.”
- Castledine, G. [University of Central England, Birmingham] **“Spirituality and being a 'friend of the patient.’”** *British Journal of Nursing* 9, no. 1 (Jan 13-16, 2000): 62.  
 This brief overview and personal reflection relates attention to the patient’s spiritual needs to the concept of being a “friend of the patient.” The author cites “four spiritual needs: the search for meaning, a sense of forgiveness, the need for love, and a need for hope” (p. 62).
- Chase-Ziolek, M. and Gruca, J. [North Park Theological Seminary, Chicago, Illinois 60625-4895; mchase-ziolek@northpark.edu] **“Clients’ perceptions of distinctive aspects in nursing care received within a congregational setting.”** *Journal of Community Health Nursing* 17, no. 3 (Fall 2000): 171-83.  
 [Abstract:] Over the past 15 years, a growing number of nurses have been working with congregations as parish nurses and in other community health nursing roles. The majority of related research has focused on describing nursing activities in congregational settings. This qualitative research study sought to understand the client's experience of receiving nursing care in the context of a congregation. Eleven individuals, who utilized nursing services provided in 2 urban Catholic churches, were interviewed. Content analysis revealed distinctive attributes participants experienced in the nurse-client interaction, including the manner of care, the focus of care, and the outcomes achieved. The ambiance, convenience, time for interaction, and reflection of the connection between faith and health were seen as distinctive characteristics of the congregational setting. Community health nurses need to be aware of the impact of setting on clients and the potential synergistic effect achieved through providing health services in a congregation.
- Chibnall, J. T., Call, C. B., Jeral, J. M. and Holthaus, C. [Department of Psychiatry, Saint Louis University, St Louis MO; chibnajt@slu.edu] **“Student religiosity and attitudes toward religion in medicine at a private Catholic medical school.”** *Family Medicine* 32, no. 2 (Feb 2000): 102-8.  
 [From the abstract:] Surveys were mailed to first- and second-year medical students at Saint Louis University. The survey concerned attitudes about the integration of religious issues into the medical school curriculum and clinical practice and the personal importance of religion in the student's life (i.e., religiosity). RESULTS: The response rate was 61% (188/308). Nearly half of the students supported the introduction of religious studies into the medical curriculum, primarily through electives and modeling during clinical clerkships. Students with a higher level of personal religiosity were more likely to advocate training and participation in religious inquiry and behavior in the medical clinic....
- Chibnall, J. T. and Duckro, P. N. [Department of Psychiatry, Saint Louis University School of Medicine, Missouri 63104; chibnajt@slu.edu] **“Does exposure to issues of spirituality predict medical students' attitudes toward spirituality in medicine?”** *Academic Medicine* 75, no. 6 (Jun 2000): 661.  
 [Abstract:] In 1999, the authors surveyed 137 third-year medical students regarding exposures to and attitudes toward spiritual and religious issues in medicine. Path analysis showed that greater exposures predicted more positive attitudes toward these issues.
- Cohen, C. B., Wheeler, S. E., Scott, D. A., Edwards, B. S. and Lusk, P. **“Prayer as therapy. A challenge to both religious belief and professional ethics. The Anglican Working Group in Bioethics.”** [Review, 29 refs.] *Hastings Center Report* 30, no. 3 (May-Jun 2000): 40-7.  
 [Abstract:] Scientists seeking hard evidence of prayer's curative powers misunderstand the nature of prayer in the Western theistic traditions. Yet theistically consonant ways in which religious belief may influence health do not figure as they should in current professional practice.
- Coyne-Beasley, T. and Schoenbach, V. J. [Department of Pediatrics and Department of Internal Medicine, School of Medicine, University of North Carolina at Chapel Hill, NC 27599] **“The African-American church: a potential forum for adolescent comprehensive sexuality education.”** *Journal of Adolescent Health* 26, no. 4 (Apr 2000): 289-94.  
 [From the abstract:] METHODS: A pilot study was designed to survey a convenience sample of clergy leaders from African-American churches about their young adolescent members. The survey asked about priority health topics, prevalence of sexual and drug risk behavior and the clergy's desire for health education programs. The churches were located in a county (1990 population approximately 200,000, 40% African-American) in the southeastern United States. RESULTS: The respondents' highest priority issues were drugs, violence, HIV/AIDS, pregnancy and alcohol. Many (76%) had discussed one or more of these issues in church. All respondents wanted additional health seminars for their adolescents, though some clergy (30%) excluded some sexual topics (i.e., anal sex, bisexuality, homosexuality, masturbation, oral sex). Only 6% would make condoms available in their churches, but all would allow contraceptive education. CONCLUSIONS: Many African-American churches are open to including sexuality education among their health education offerings for young adolescents. The church should be considered as a potential forum for providing comprehensive sexuality education for African-American adolescents.

- Crawley, L., Payne, R., Bolden, J., Washington, P. and Williams, S. **"Palliative and end-of-life care in the African American Community."** *JAMA* 284, no. 19 (Nov 15, 2000): 2518-21.  
The authors, writing for the Initiative to Improve Palliative and End-of-Life Care in the African American Community, comment on "religious and spiritual beliefs and practices [that] reflect a view of death as a 'welcomed friend,'" a view that is said may not necessarily be compatible with the goals of palliative care (pp. 2518-9).
- Curry, L., Gruman, C., Blank, K. and Schwartz, H. I. [Braceland Center for Mental Health and Aging, Hartford Hospital] **"Physician-assisted suicide in Connecticut: physicians' attitudes and experiences."** *Connecticut Medicine* 64, no. 7 (Jul 2000): 403-12.  
The article reports the findings of a survey of a targeted sample of physicians licensed by the Connecticut Department of Public Health in 1997 (n = 2,805 completed surveys; 40% response rate), looking at: evaluation of risks related to PAS, particularly the presence of depression, and the influence of religious and professionally-based values. [From the abstract:] Religious affiliation, religiosity, ethnicity and medical specialty were strongly associated with views on PAS.
- Daaleman, T. P. and VandeCreek, L. **"Placing religion and spirituality in end-of-life care."** *JAMA* 284, no. 19 (Nov 15, 2000): 2514-7.  
In this "Commentary" piece, the authors give an overview of the concepts of religion and spirituality in light of the context of patient care at the end of life. They note the importance of spiritual issues and suggest that the locus of spiritual care should be moved out of biomedical institutions and into "the community" (p. 2517), on the model that has developed through the hospice movement. The authors seem to caution against a physician's direct involvement in a patient's spiritual care and instead encourage referral (see p. 2516).
- Dankner, R., Goldberg, R. P., Fisch, R. Z. and Crum, R. M. [Department of Clinical Epidemiology, Chaim-Sheeba Medical Center, Tel Hashomer, Israel] **"Cultural elements of postpartum depression: a study of 327 Jewish Jerusalem women."** *Journal of Reproductive Medicine* 45, no. 2 (Feb 2000): 97-104.  
[From the abstract:] Postpartum depressive symptoms [were] significantly associated with secular affiliation (odds ratio [OR] 2.9 [1.3-6.3]) and tended toward an inverse association with orthodox affiliation (OR 0.6 [0.3-1.3]). Across secular, traditional, religious and orthodox groups, there was a decreasing trend in EPDS mean scores. Other predictors of depressive symptoms were psychiatric history, immigrant status and poor support with newborn care. CONCLUSION: Our study sample was particularly suitable for the assessment of cultural and religious elements of postpartum depression. We found religiosity, with its associated social and community structuring and well-defined social roles, to be significantly associated with self-reported postpartum depressive symptoms.
- Dossey, L. **"Immortality."** [Review, 70 refs.] *Alternative Therapies in Health & Medicine* 6, no. 3 (May 2000): 12-17, 108-15.  
This is a broad essay on the subject by an MD well known for his high valuation of spirituality for medicine, with an eye toward the "spiritual core" of complementary and alternative medicine (p. 12). There is a sidebar comment provided by astronomer-physicist David Darling (p. 113). The author considers implications of the discussion of this spiritual topic—and of spirituality in general—for patients and physicians.
- Dossey, L. [ldossey@ix.netcom.com] **"Prayer and medical science: a commentary on the prayer study by Harris et al. and a response to critics."** *Archives of Internal Medicine* 160, no. 12 (Jun 26, 2000): 1735-7  
This commentary largely defends the study by W. S. Harris, et al., "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. It stands in a practical relationship to fifteen letters by, among others, Richard Sloan, presented in the same issue of the journal (see pp. 1870-7) along with a reply by W. S. Harris (see pp. 1877-8).
- Easton, K. L. and Andrews, J. C. [Valparaiso University, IN 46383] **"The roles of the pastor in the interdisciplinary rehabilitation team."** [Review, 12 refs.] *Rehabilitation Nursing* 25, no. 1 (Jan-Feb 2000): 10-2.  
[Abstract:] People with chronic illnesses and functional limitations may face a lifetime of changes and adjustments. Often, the onset of a long-term illness or disease requires a person to rethink values and develop new coping strategies in order to adapt to a life-changing event. At such times, people may draw on sources of spiritual support, finding comfort from a pastor or other clergy. This article describes key roles taken by the clergy who provide these services. Patients discharged from inpatient rehabilitation units have reported using faith and prayer as effective coping strategies. Religious faith can have a positive influence on emotions and may be directly related to improved functional ability. Disciplines of faith, such as solitude, silence, and meditation, may promote mental health. Although this article presents information from a Christian church perspective, readers should note that services should be considered from a wide range of spiritual representatives.
- Ebrahim, A. F. [Department of Islamic Studies, University of Durban-Westville, South Africa] **"The living will (Wasiyat Al-Hayy): a study of its legality in the light of Islamic jurisprudence."** *Medicine & Law* 19, no. 1 (2000): 147-60.  
The paper examines and assesses various clauses contained in Living Wills from an "Islamic ethico-legal perspective."
- Edgar, M., Mansfield, A. and Thomson, J. [Royal College of Surgeons of England] **"Surgeons under stress (II). Update following the college seminar/workshop on pastoral care."** *Annals of the Royal College of Surgeons of England* 82, no. 3, Suppl (Mar 2000): 87-8.
- Edmonds, P., Higginson, I., Altmann, D., Sen-Gupta, G. and McDonnell, M. [Department of Palliative Care and Policy, Guy's School of Medicine, London, United Kingdom] **"Is the presence of dyspnea a risk factor for morbidity in cancer patients?"** *Journal of Pain & Symptom Management* 19, no. 1 (Jan 2000): 15-22.  
Among the findings of this study of 327 patients in Ireland was that [from the abstract:] the presence of dyspnea at referral was positively correlated with severity of patient spiritual distress (Spearman rho = 0.110, P = 0.042). ...[However,] in adjusting for covariates using a logistic regression analysis...only the presence of low family well-being, a diagnosis of lung cancer, and increased likelihood of a hospital death remained significantly associated with the presence of dyspnea at referral.

- Ezzy, D. [Sociology, University of Tasmania, Hobart, Australia; douglas.ezzy@utas.edu.au] **"Illness narratives: time, hope and HIV."** *Social Science & Medicine* 50, no. 5 (Mar 2000): 605-17.  
 [Abstract:] Life threatening illness, such as HIV/AIDS, also threaten people's sense of identity and taken-for-granted assumptions about the temporal framing of their lives. In response, people often experience transformations in values, spirituality and life priorities. Drawing on a combined quantitative and qualitative study of people living with HIV/AIDS in Australia, three different narratives that people use to make sense of their illness experience are identified: linear restitution narratives, linear chaotic narratives and polyphonic narratives. Linear illness narratives colonize the future, assuming that the future can be controlled through human action. They emphasize a faith in medical science, tend to be secular and self-centered and assume the end of life to be in the distant future. Hope is focused on concrete outcomes such as improved health or material possessions. Linear narratives can be either restitutive or chaotic. Restitutive linear narratives anticipate a life that will mirror the narrative. Chaotic linear narratives anticipate a life that will fail to meet the linear ideal resulting in despair and depression. In contrast, polyphonic illness narratives are oriented toward the present, emphasizing the unpredictability of the future. These narratives tend to include spiritual experiences, a communally oriented value system, and to recount increased self-understanding and the gaining of new insights as a consequence of their illness. Hope in polyphonic narratives is more abstract and focused on a celebration of mystery, surprise and creativity.
- Faber-Langendoen, K. and Karlawish, J. H. T. **"Should physician assisted suicide be only physician assisted?"** *Annals of Internal Medicine* 132, no. 6 (Mar 21, 2000): 482-7.  
 The authors, for the University of Pennsylvania Center for Bioethics Assisted Suicide Consensus Panel, note: "For many patients, spiritual issues are a part of confronting death, and contemplating suicide raises spiritual questions of control, the meaning of suffering, and final destiny. Because spiritual concerns translate into religious beliefs for many Americans, physicians are often ill-equipped to deal with such issues: They tend to be less religious, less likely to believe in God, and less likely to believe in prayer than the general population." (p. 484)
- Faber-Langendoen, K and Lanken, P. N. **"Dying patients in the Intensive Care Unit: foregoing treatment, maintaining care."** *Annals of Internal Medicine* 133, no. 11 (Dec 5, 2000): 886-93.  
 The authors, for the ACP-ASIM End-of-Life Consensus Panel, note: "Spiritual and religious issues are often significant factors for patients and families who are confronted by the possibility of death. An overwhelming sense of personal loss, with associated emotional and spiritual suffering, are often at the core of a dying person's and family's experience. Clinicians should routinely ask patients and families whether spiritual needs are being met and, if not, how the hospital's resources might be more helpful. Chaplains, social workers, and others skilled in supporting people through personal loss can be invaluable." (p. 887)
- Faris, I. B. [Christ Church, Geelong; ifaris@ozemail.com.au] **"Perspectives from a surgeon turned hospital chaplain."** *Medical Journal of Australia* 172, no. 8 (Apr 17, 2000): 389-90. See also the companion article by Allbrook, D. B., "A metamorphosis: doctor to chaplain," on pp. 390-1. [The latter article is also noted in this bibliography.]  
 A retired surgeon reflects upon his experience in a hospital chaplaincy program and the perspective he has gained, in the process, on the practice of medicine.
- Fins, J. J. and Nilson, E. G. [Joan and Sanford I. Weill Medical College of Cornell University, New York Presbyterian Hospital, NY 10021; jjfins@mail.med.cornell.edu] **"An approach to educating residents about palliative care and clinical ethics."** *Academic Medicine* 75, no. 6 (Jun 2000): 662-5.  
 [From the abstract:] The authors present their experience introducing a graduate medical education program in ethics and palliative care at New York Presbyterian Hospital and Weill Medical College of Cornell University. Through this initiative the authors sought to enhance residents' knowledge, skills, and attitudes needed for effective palliative care. ...Seminar themes included professionalism, the physician facing death, ethical, legal, cross-cultural, and religious issues at the end of life, and pain and symptom management....
- Frame, M. W. [University of Colorado at Denver CO; mframe@ceo.cudenver.edu] **"The spiritual genogram in family therapy."** *Journal of Marital & Family Therapy* 26, no. 2 (Apr 2000): 211-6.  
 [Abstract:] Spiritual and religious issues often surface during marital and family therapy. In this article, I describe a spiritual genogram that is a multigenerational map of family members' religious and spiritual affiliations, events, and conflicts. Used as a tool in family therapy, the spiritual genogram enables clients to make sense of their families' religious/spiritual heritage and to explore the ways in which their experiences impact present couple or family issues.
- Fraser, S. I. and Walters, J. W. [Loma Linda University, California] **"Death--whose decision? Euthanasia and the terminally ill."** *Journal of Medical Ethics* 26, no. 2 (Apr 2000): 121-5.  
 [From the abstract:] This paper examines the human dilemma which arises when technological advances in end-of-life medicine conflict with traditional and religious sanctity-of-life values. ...The broader implications for human experience resulting from new legislation in both Australia and Oregon are discussed.
- Geiderman, J. M. **"Faith and doubt."** *JAMA* 283, no. 13 (Apr 5, 2000): 1661-2.  
 In this contribution to the "A Piece Of My Mind" section of *JAMA*, the author muses critically about physician attitudes toward religious faith in light of physician "belief" in medical treatments whose efficacy is suspected but not proved.
- Goddard, N. C. [Faculty of Nursing, University of Alberta, Canada] **"A response to Dawson's critical analysis of spirituality as 'integrative energy.'" [Review, 72 refs.],** *Journal of Advanced Nursing* 31, no. 4 (Apr 2000): 968-79.  
 The author strongly defends the use of *energy* as an appropriate descriptor for conceptualizing spirituality, and he particularly describes the idea of spirituality as "integrative energy."
- Golchet, G., Carr, J. and Harris, M. G. [Morton D. Sarver Laboratory for Cornea and Contact Lens Research, University of California, School of Optometry, Berkeley CA] **"Why don't we have enough cornea donors? A literature review and survey."** [Review, 27 refs.] *Optometry (St. Louis, Mo.)* 71, no. 5 (May 2000): 318-28.

[From the abstract:] A survey of 200 optometry students at the University California, Berkeley, School of Optometry was conducted to augment the literature review. Seventy-six students (38% of those surveyed) completed the survey process. RESULTS: Results of the survey indicated that 64.5% of those who responded were willing to donate body organs, while 31.6% were not. Of those not willing to donate organs, 11.8% cited religious reasons. Other personal reasons included: fear (4%), respect for the human body (7.9%), and parental disapproval (6.4%)....

Goold, S. D., Williams, B. and Arnold, R. M. [Division of General Medicine, University of Michigan Medical School, 3116 Taubman, Ann Arbor MI 48109-0376] “**Conflicts regarding decisions to limit treatment: a differential diagnosis.**” *JAMA* 283, no. 7 (Feb 16, 2000): 909-14. Responses in *JAMA* 283, no. 24 (Jun 28, 2000): 3199-40.

The article looks at the “etiology” of various situational conflicts between physicians and families regarding end-of-life care decisions and suggests a “differential diagnosis” of such conflicts with an eye towards strategies for resolution. The authors indicate (*passim*) that religious elements are often at play in these situations, not just in terms of the beliefs of the families but of the physicians themselves: “...physician attitudes that can increase the risk of conflict include religious tenets about the sanctity of life...” (p. 912). Potential resources to physicians working with families in these situations are said to include “chaplains” (p. 911), “member[s] of the clergy” (p. 911), and “pastoral care personnel” (p. 913).

Gundersen, L., “**Faith and healing.**” *Annals of Internal Medicine* 132, no. 2 (Jan 18, 2000): 169-72.

The author works to present an impartial overview of recent debate on the subject (involving such authors as Harold Koenig, Dale Matthews, David Larson and Richard Sloan), especially in terms of implications for medical practice.

Hardwig, J. [Department of Philosophy, East Tennessee State University] “**Spiritual issues at the end of life: a call for discussion.**” *Hastings Center Report* 30, no. 2 (Mar-Apr 2000): 28-30.

This “Perspective” article addresses the end of life as a “spiritual crisis” (p. 28) and calls for “the discussion of spiritual issues at the end of life to [move to] center stage in bioethics” (p. 30). The author proposes that “an inclusive, non-religious” discussion with the dying can and should be provided through bioethics--for theists as well as nontheists (p. 30).

Heller, P. E. and Wood, B. [MPC Hahnemann School of Health Professions, Philadelphia, PA] “**The influence of religious and ethnic differences on marital intimacy: intermarriage versus intramarriage.**” *Journal of Marital & Family Therapy* 26, no. 2 (Apr, 2000): 241-52.

This study involved 25 Jewish couples and 25 couples with one Jewish partner. [From the abstract:] Results indicated that the groups did not differ regarding couple level of intimacy, similarity of intimate experience, or mutual understanding. However, in-depth interviews revealed differences in the pathways by which these two groups arrived at a similar level of intimacy. Intramarried couples appear to experience greater personal similarity and mutual understanding rooted in their ethnic bond, which aids the development of intimacy. Intermarried couples appear to find that the very process of negotiating ethnic differences leads to greater mutual understanding and intimacy. These findings indicate that clinicians and religious leaders should not assume that intermarriage constrains levels of intimacy. Nor should it be assumed that intramarriage assures high intimacy.

Helm, H. M., Hays, J. C., Flint, E. P., Koenig, H. G. and Blazer, D. G. [Duke University Medical Center, Durham, North Carolina; hmh1@acpub.duke.edu] “**Does private religious activity prolong survival? A six-year follow-up study of 3,851 older adults.**” *Journals of Gerontology. Series A, Biological Sciences & Medical Sciences* 55, no. 7 (Jul 2000): M400-5.

[From the abstract:] A probability sample of elderly community-dwelling adults in North Carolina was assembled in 1986 and followed for 6 years. Level of participation in private religious activities such as prayer, meditation, or Bible study was assessed by self-report at baseline, along with a wide variety of sociodemographic and health variables. The main outcome was time (days) to death or censoring. RESULTS: During a median 6.3-year follow-up period, 1,137 subjects (29.5%) died. Those reporting rarely to never participating in private religious activity had an increased relative hazard of dying over more frequent participants, but this hazard did not remain significant for the sample as a whole after adjustment for demographic and health variables. When the sample was divided into activity of daily living (ADL) impaired and unimpaired, the effect did not remain significant for the ADL impaired group after controlling for demographic variables (hazard ratio [RH] 1.11, 95% confidence interval [CI] 0.91-1.35). However, the increased hazard remained significant for the ADL unimpaired group even after controlling for demographic and health variables (RH 1.63, 95% CI 1.20-2.21), and this effect persisted despite controlling for numerous explanatory variables including health practices, social support, and other religious practices (RH 1.47, 95% CI 1.07-2.03). CONCLUSIONS: Older adults who participate in private religious activity before the onset of ADL impairment appear to have a survival advantage over those who do not.

Hodge, D. R. [George Warren Brown School of Social Work, Washington University, St. Louis, MO 63130-4899] “**Spiritual ecomaps: a new diagrammatic tool for assessing marital and family spirituality.**” *Journal of Marital & Family Therapy* 26, no. 2 (Apr 2000): 217-28.

[Abstract:] This paper develops a new diagrammatic spiritual assessment tool, the spiritual ecomap, for use with individuals, couples, and families. While a genogram portrays a family's history over time, a spiritual ecomap provides a valuable supplement by depicting a family's current relationships to critical ecological systems in space. The spiritual ecomap is based upon an anthropological framework conceptualized in the spiritual formation tradition and can be used with families from diverse spiritual traditions. I use a case study to familiarize the reader with the instrument and offer suggestions for its application.

Holder, D. W., DuRant, R. H., Harris, T. L., Daniel, J. H., Obeidallah, D. and Goodman, E. [Division of Adolescent Medicine, Department of Medicine, Children's Hospital, Harvard Medical School, Boston MA] “**The association between adolescent spirituality and voluntary sexual activity.**” *Journal of Adolescent Health* 26, no. 4 (Apr 2000): 295-302.

[Abstract:] PURPOSE: The purpose of this study was to describe the spectrum of adolescent spirituality and to determine the association between dimensions of spirituality and voluntary sexual activity (VSA) in adolescents. DESIGN: A sample of 141 consecutive youth aged 11-25 years presenting to an urban, hospital-based adolescent medicine clinic completed a 153-item instrument assessing sociodemographics, psychosocial parameters, and eight specific aspects of spirituality including: (1) religious attendance, (2) religious importance, (3) intrinsic

and (4) extrinsic religious motivation, (5) belief in God, (6) belief in divine support, (7) existential aspects of spirituality, and (8) spiritual interconnectedness. Adolescents were also asked about VSA. RESULTS: Sixty-one percent of respondents were African-American and 67.4%, female; mean age was 16.0+/-2.4 years. Adolescent religious attendance was equally distributed across the categories from "none" to "weekly or greater" attendance. Over 90% felt religion was somewhat important in their lives. Over 85% reported belief in God. Fifty-six percent of respondents reported a history of VSA. Greater importance of religion ( $p = 0.035$ ) and higher spiritual interconnectedness with friends ( $p = 0.033$ ) were inversely associated with VSA. A multiple logistic regression model including age, gender, race, socioeconomic status, and specific denomination of religious faith, importance of religion, and spiritual interconnectedness found that spiritual interconnectedness with friends (OR = 0.92, 95% CI = 0.85, 0.99) and age (OR = 1.75, 95% CI = 1.34, 2.28) were independent predictors of VSA. CONCLUSIONS: Spirituality is a common facet of adolescents' lives. Younger age and higher spiritual interconnectedness, particularly interconnectedness among spiritual friends, are independently associated with a lower likelihood of VSA.

Inwald, D., Jakobovits, I. and Petros, A. [Portex Department of Anaesthesia, Intensive Care and Respiratory Medicine, Institute of Child Health, London; D.Inwald@ich.ucl.ac.uk] **"Brain stem death: managing care when accepted medical guidelines and religious beliefs are in conflict. Consideration and compromise are possible."** *BMJ* 320, no. 7244 (May 6, 2000): 1266-7. Comment on p. 1268.

This brief, case-centered article relates how two UK pediatric intensive care specialists dealt with in the end-of-life care of a 3-month old child of orthodox Jewish parents. Comment on Jewish values pertinent to the case is provided by a rabbi.

Johnson, J. [HealthQuest, Minneapolis, MN; judijohnson@uswest.net] **"An overview of psychosocial support services: resources for healing."** [Review, 21 refs.] *Cancer Nursing* 23, no. 4 (Aug 2000): 310-3.

[Abstract:] Cancer has the potential of threatening all of a person's resources: physical, psychological, social, spiritual, and economic. It is as if the experience of cancer takes on a life cycle of its own that starts with the shock of diagnosis and continues well beyond the completion of treatment. Psychosocial support services of various types need to be made available throughout the cancer experience. Participation in these services affords people the opportunity to learn positive coping skills, to recognize that they are not alone, to discover how to enjoy living in the present, and to attach a different meaning to the words "hope" and "healing." Restoring a sense of wholeness to one's mind, body, and spirit is equally as important as receiving the most effective therapy for the cancer.

Keane, A., Brennan, A. M. and Pickett, M. [School of Nursing, U. of Pennsylvania] **"A typology of residential fire survivors' multidimensional needs."** *Western Journal of Nursing Research* 22, no. 3 (Apr 2000): 263-78. Discussion on pp. 278-84.

This is a study of 440 residential fire survivors approximately 14 weeks post-fire, 307 survivors of which identified that they needed help for themselves or their children and 133 of which did not request help. [From the abstract:] ...Those needing help were more likely to be women with children younger than age 18 living in their household, have low-income status, less education, and to have already received services from church groups. The classification of self-identified needs of fire survivors included the need for specific tangible and social service assistance, psychological and spiritual support, and nonspecific assistance....

Keay, T. J. and Schonwetter, R. S. [Department of Family Medicine, University of Maryland School of Medicine, Baltimore, MD] **"The case for hospice care in long-term care environments."** [Review, 58 refs.] *Clinics in Geriatric Medicine* 16, no. 2 (May 2000): 211-23.

[From the abstract:] Hospice care typically is underused in long-term care facilities. Although these programs do provide other quality services, routine measurement of important parameters of end-of-life care, such as pain control, dyspnea, and spiritual and psychosocial issues, should also occur. Health care providers working in long-term care facilities should be held accountable for high-quality care for dying residents....

Kelcourse, F. **"The development of discernment in psychotherapy and Quaker worship."** *Journal of the American Academy of Psychoanalysis* 28, no. 1 (Spring 2000): 83-100.

The article works as an extensive and disciplined musing on the similarities of the process of "discernment" between the author's professional training and experience in psychotherapy and her personal experience as a Quaker.

Kellehear, A. [Palliative Care Unit, Faculty of Health Sciences, La Trobe University, Bundoora, Australia] **"Spirituality and palliative care: a model of needs."** *Palliative Medicine* 14, no. 2 (Mar 2000): 149-55.

[Abstract:] This paper provides a theoretical model of spiritual needs in palliative care based on a review of the palliative care literature. Three sources of transcendence, the building blocks of spiritual meaning, are identified: the situational, the moral and biographical, and the religious. After areas of transcendence are described and explained, implications for future theory, research and practice are identified.

Koenig, H. G. [Duke University Medical Center and GRECC VA Medical Center, Durham, NC] **"Religion, spirituality, and medicine: application to clinical practice."** *JAMA* 284, no.13 (Oct. 4, 2000): 1708.

This brief essay treats the topic broadly, noting the basic issues of debate on the subject and commenting on the literature.

Kuyck, W. G., de Wit, N. J. and Kuyvenhoven, M. M. [Department of General Practice, University Medical Centre, Utrecht, The Netherlands] **"Do doctors pay attention to the religious beliefs of their patients? A survey amongst Dutch GPs."** *Family Practice* 17, no. 3 (Jun 2000): 230-2.

[From the abstract:] A postal questionnaire was sent to 120 GPs... RESULTS: Response rate was 72% ( $n = 87$ ). Upon registration in the practice, 16% of the GPs paid attention to the religious beliefs of patients, while in situations concerning end-of-life decisions like terminal illness or requests for euthanasia most GPs pay attention to religious beliefs of patients (79%). ...CONCLUSIONS: Most GPs tend to pay attention to religion when their medical possibilities in patient care come to an end. GPs and trainees might be conscious of these aspects in patient management. Since most GPs are familiar just with Western religions, the increasing number of non-Western religious denominations might have consequences for patient care in general practitioners' work.

- Larson, D. B. and Koenig, H. G. [National Institute for Healthcare Research, Cleveland Clinic Foundation, Cleveland OH 44195] **“Is God good for your health? The role of spirituality in medical care.”** *Cleveland Clinic Journal of Medicine* 67, no. 2 (Feb 2000): 80, 83-4.  
 [Abstract:] Many studies have found that religious belief and practice have a positive effect on physical and mental health, although the topic needs more research. As religious beliefs may affect both health and health-promoting behavior, physicians should try to understand their patients' beliefs.
- Larson, D. G. and Tobin, D. R. **“End-of-life conversations: evolving practice and theory.”** *JAMA* 284, no. 12 (Sep 17, 2000): 1573-8.  
 The authors note that spiritual concerns may be important to patients at the end of life and quote from a 1999 article by Lo, Quill, and Tulsky (“Discussing palliative care with patients,” *Annals of Internal Medicine* 130: 744-9) a question that may be asked by physicians: “Is faith (religion, spirituality) important to you in this illness?” (p. 1574).
- Lashley, M., Talley, W., Lands, L. C. and Keyserlingk, E. W. [Department of Counseling Psychology, Faculty of Arts and Science, McGill University, Montreal, Quebec] **“Informed proxy consent: communication between pediatric surgeons and surrogates about surgery.”** *Pediatrics* 105, no. 3, pt. 1 (Mar 2000): 591-7.  
 [From the abstract:] ...Twenty English-speaking parents or legal guardians and 5 surgeons in an urban pediatric hospital were interviewed before, and 2 to 4 weeks after, the surgical procedure. In addition, the interview between the surgeon and surrogate, when consent was obtained, was audiotaped and subsequently analyzed. Semistructured interviews were used to elicit the motivations and influences on the surrogates to consent to the procedure. The same methodology was used to elicit the corresponding impressions of the surgeons. The data were analyzed using descriptive statistics and crosstabulations. RESULTS: ...Contrary to the stated belief of surgeons, surrogates consulted with a variety of others, including medical and paramedical professionals, family members, and spiritual leaders....
- Lauver, D. R. [School of Nursing, University of Wisconsin, Madison] **“Commonalities in women's spirituality and women's health.”** [Review, 60 refs.] *ANS—Advances in Nursing Science* 22, no. 3 (Mar 2000): 76-88.  
 [Abstract:] Both women's spirituality and women's health movements have grown dramatically in recent years. If clinicians understood in greater depth the commonalities between these two perspectives, then they would be better positioned to foster the health of women more fully. In this article, concepts of feminism, religion, spirituality, and women's health are described briefly. After identifying some assumptions, themes, and characteristics of both women's spirituality and women's health, the commonalities between these two perspectives are delineated. Next, processes critical to women's spirituality and women's health are proposed. Finally, implications for clinical practice are offered.
- Lee, M. M., Lin, S. S., Wrench, M. R., Adler, S. R. and Eisenberg, D. [Department of Epidemiology and Biostatistics, University of California, San Francisco 94143-0560; mleee@epi.ucsf.edu] **“Alternative therapies used by women with breast cancer in four ethnic populations.”** *Journal of the National Cancer Institute* 92, no. 1 (Jan 5, 2000): 42-7.  
 [From the abstract:] BACKGROUND: Interest in alternative therapies is growing rapidly in the United States. We studied the types and prevalence of conventional and alternative therapies used by women in four ethnic groups (Latino, white, black, and Chinese) diagnosed with breast cancer from 1990 through 1992 in San Francisco, CA, and explored factors influencing the choices of their therapies. METHODS: Subjects (n = 379) completed a 30-minute telephone interview in their preferred language. Logistic regression models assessed factors associated with the use of alternative therapies after a diagnosis of breast cancer. RESULTS: About one half of the women used at least one type of alternative therapy, and about one third used two types; most therapies were used for a duration of less than 6 months. Both the alternative therapies used and factors influencing the choice of therapy varied by ethnicity. Blacks most often used spiritual healing (36%), Chinese most often used herbal remedies (22%), and Latino women most often used dietary therapies (30%) and spiritual healing (26%). Among whites, 35% used dietary methods and 21% used physical methods, such as massage and acupuncture. In general, women who had a higher educational level or income, were of younger age, had private insurance, and exercised or attended support groups were more likely to use alternative therapies. About half of the women using alternative therapies reported discussing this use with their physicians. More than 90% of the subjects found the therapies helpful and would recommend them to their friends.
- Levin, M. and Birnbaum, I. [Brookdale University Hospital, Brooklyn, NY 11212] **“Jewish bioethics?”** [Review, 26 refs.], *Journal of Medicine & Philosophy* 25, no. 4 (Aug 2000): 469-84. See also Comment on pp. 367-77.  
 [Abstract:] "Jewish Bioethics" as currently formulated has been criticized as being of parochial concern, drawing on obscure methodology, employing an authoritarian (and, to the modern mind, unintelligible) method of discourse and as being of little relevance to the wider community. We analyze Jewish bioethics in terms of rule and principle theory and demonstrate that it is based on rational consideration and reproducible reasoning. This approach allows methodological and terminological translation into a Western method of discourse that, in turn, has much to contribute to clarifying underlying principles and methods of application of modern bioethics.
- Lewis, R. K. and Green, B. L. [Department of Psychology, Wichita State University, KS 67260] **“Assessing the health attitudes, beliefs, and behaviors of African Americans attending church: a comparison from two communities.”** *Journal of Community Health* 25, no. 3 (Jun 2000): 211-24.  
 [Abstract:] Public health officials and researchers continue to be increasingly concerned about the health of populations of color, especially African Americans. A survey was administered in African American churches in two communities (Wichita, KS and Tuscaloosa, AL) to gather information concerning health behaviors and beliefs and to design interventions that might improve their health status. The study examined the homogeneity of attitudes, beliefs, and behaviors across these samples and to determine the readiness to change using the Transtheoretical Model. Individuals completed a 33-item survey: 6 demographic questions, 12 health behavior questions, 8 health belief questions, 3 church attendance questions, and 4 church-based health promotion program questions. The total sample consisted of 429 respondents. The results showed that 93% of respondents have had their blood pressure checked in the past 2 years. While only 44% indicated eating a high fiber diet during the week. Thirty percent of respondents indicated that their health was dependent on fate or destiny. The findings from this study confirm that among both samples that health attitudes, beliefs, and behaviors need to be changed to lower the risk of certain diseases and disorders. The findings also indicate that both samples have similar beliefs about health that may have important

implications for disseminating information to the community. Innovative and culturally sensitive programs are needed in the African American community if disparities in health are to diminish.

- Luskin, F. [Stanford Center for Research in Disease Prevention, Palo Alto CA 94304-1583; fredl@leland.stanford.edu] "**Review of the effect of spiritual and religious factors on mortality and morbidity with a focus on cardiovascular and pulmonary disease.**" [Review, 60 refs.] *Journal of Cardiopulmonary Rehabilitation* 20, no. 1 (Jan-Feb 2000): 8-15.
- Lucas, J. A., Orshan, S. A. and Cook, F. [Rutgers, State University of New Jersey, College of Nursing, Newark 07102] "**Determinants of health-promoting behavior among women ages 65 and above living in the community.**" *Scholarly Inquiry for Nursing Practice* 14, no. 1 (Spring 2000): 77-100. See also discussion pp. 101-9.  
[From the abstract:] This study utilized Pender's Health Promotion Model to investigate through canonical correlation analysis the role that select cognitive-perceptual factors (health self-determinism, learned helplessness, self-esteem, and perceived health) and modifying factors (age, race, marital status, education, and income) play in understanding participation of community-living older adult women (age > or = 65) in the health-promoting behaviors of health responsibility, physical activity, nutrition, spiritual growth, interpersonal relations, and stress management. These were measured by the Health-Promoting Lifestyle Profile II in a convenience sample of 107 community-living older adult women (mean age 76.7 years). Gender-specific benefits and barriers to participating in health-promoting behaviors were also explored using open-ended questions. Two significant canonical variates were demonstrated. These indicated that age, marital status, race, education, and self-esteem and the two health-related factors of perceived health and health self-determinism made statistically significant contributions to the health-promoting behaviors of physical activity, nutrition, spiritual growth, and interpersonal relations....
- MacDonald, D. A. [University of Windsor, Ontario, Canada] "**Spirituality: description, measurement, and relation to the five factor model of personality.**" *Journal of Personality* 68, no. 1 (Feb 2000): 153-97.  
[Abstract:] The present article focused on the development and measurement of a factor model of the expressions of spirituality. Study 1 (N = 534) involved the use of factor analysis to examine the latent factor structure in a sample of 11 measures of spiritual constructs. Study 2 (N = 938) focused on the replication of Study 1 results and on the construction and initial validation of an instrument to operationalize the factor model of spirituality. Results indicate that at least 5 robust dimensions of spirituality underlie the spirituality test domain. These dimensions were labeled Cognitive Orientation Towards Spirituality (COS), Experiential/Phenomenological Dimension (EPD), Existential Well-Being (EW-B), Paranormal Beliefs (PAR), and Religiousness (REL). The measure developed, named the Expressions of Spirituality Inventory (ESI), takes the form of a 98-item instrument that generated scores demonstrating satisfactory reliability and adequate initial validity. Examination of the relation of spirituality to the Five Factor Model (FFM) as measured by the NEO Personality Inventory-Revised revealed that the dimensions of the FFM appear to differentially relate to the major elements of spirituality but are nevertheless conceptually unique, pointing to the possible existence of major aspects of personality not represented in the FFM.
- Mackenzie, E. R., Rajagopol, D. E., Meibohm, M. and Lavizzo-Mourey, R. "**Spiritual support and psychosocial well-being: older adults' perceptions of the religion and health connection.**" *Alternative Therapies* 6, no. 6 (Nov 2000): 37-44.  
This study of 41 residents in two retirement communities, carried out through focus groups and individual interviews, found that [from the abstract:] most of the older adults...believed that a higher power (i.e., God) supports them constantly, protecting, guiding, teaching, helping, and healing. They believe that prayer can heal both physical and mental illness, if it is God's will to do so. God is perceived to work through the mundane world (e.g., through physicians, medicine, loving friends, and helpful strangers). Many expressed the belief that having a relationship with God forms the foundation of their psychological well-being.
- Mann, B. D., Sherman, L., Clayton, C., Johnson, R. F., Keates, J., Kasenge, R., Streeter, K., Goldberg, L. and Nieman, L. Z. [MCP Hahnemann School of Medicine, Philadelphia PA 19129; mann@auhs.edu] "**Screening to the converted: an educational intervention in African American churches.**" *Journal of Cancer Education* 15, no. 1 (Spring 2000): 46-50.  
[Abstract:] BACKGROUND: African American women have higher incidences of breast and cervical cancers and African American men present with more advanced stages of colon and prostate cancers than do their non-African American counterparts. Since the church is central to the organization of the African American community, the authors set out to determine whether a church-directed educational project could influence parishioners to obtain cancer screening. METHODS: Three African American churches having memberships of 250, 500, and 1,500, respectively, were selected for their different socioeconomic strata: one congregation was composed mostly of working poor, the second was more affluent, and the third consisted primarily of retirees. During a five-week summer period, appropriate literature, health fairs, testimonials by cancer survivors, and visits by representatives of the medical community were used to increase awareness of cancer screening. Surveys regarding cancer-screening behaviors were distributed at the end of church services. Using the guidelines established by the American Cancer Society, individual recommendations for screening examinations were developed and sent to parishioners based on their survey responses. RESULTS: Of 437 parishioners surveyed (73% female, 27% male), 75% were 40 years old or older. Many reported up-to-date screening for breast (84%), cervical (78%), colon (62%), and prostate (89%) cancers. The results were remarkably similar in all three churches. Telephone follow-up seven months after the survey directed at the 120 parishioners identified as noncompliant for at least one cancer screening revealed that 49% had obtained the appropriate screenings. CONCLUSIONS: These African American churchgoers were well screened compared with estimated national averages, possibly due to previous efforts of the activist ministers in the churches selected. The message for cancer screening is heeded when delivered through the African American church.
- Matthews, D. A. [Division of General Internal Medicine, Georgetown University School of Medicine, Washington DC; drdalematt@aol.com] "**Prayer and spirituality.**" *Rheumatic Diseases Clinics of North America* 26, no.1 (Feb 2000): 177-87, xi.  
[Abstract:] Many patients with arthritis are strongly influenced by religious beliefs and often participate in religious healing such as prayer and worship attendance. Scientific studies demonstrate, and most patients confirm, that faith and involvement in religious healing activities can be helpful in preventing and treating illness, recovering from, reducing pain, and improving quality of life. To improve the care of patients, clinicians should develop a patient-centered, spiritually sensitive form of medical practice in which religious issues are addressed gently and appropriately with dignity, respect, and integrity.

- McColl, M. A., Bickenbach, J., Johnston, J., Nishihama, S., Schumaker, M., Smith, K., Smith, M. and Yealland, B. [School of Rehabilitation Therapy, Queen's University, Kingston, Ontario, Canada] "**Changes in spiritual beliefs after traumatic disability.**" *Archives of Physical Medicine & Rehabilitation* 81, no. 6 (Jun 2000): 817-23.  
 [Abstract:] OBJECTIVES: To discover the effect of sudden-onset disability on spirituality, specifically, to investigate changes following the onset of disability in spiritual concepts and to outline a theoretical framework consisting of relationships with the self, others, the world, and a supreme power. STUDY DESIGN: The study used a cross-sectional, qualitative approach to understand changes in spirituality from the perspective of the disabled person. Intensive semistructured interviews were conducted with 16 participants, each of whom had either a spinal cord injury or brain injury, within the 2-year period after discharge from rehabilitation. Changes in spiritual concepts were explored in relation to 3 types of relationships (intrapersonal, interpersonal, and transpersonal) and 5 themes (awareness, closeness, trust, purpose, and vulnerability). RESULTS: Specific changes in spirituality described by sample members were: greater awareness of the self; a change in their view of their own independence; a sense of purpose in life that was not present before the onset of the disability; greater awareness of their own mortality and vulnerability; a new understanding of trust, especially when depending on others; loss of some significant relationships; greater appreciation and closeness with others and the world; and greater understanding of other disadvantaged groups. CONCLUSIONS: The interviews portrayed a significant ability to conceptualize issues in a spiritual context in the 2-year period after discharge from rehabilitation. Further, the changes reported suggest a positive effect of spirituality in the adjustment period following onset.
- Meisenhelder, J. B. and Chandler, E. N. [MGH Institute of Health Professions, Boston MA] "**Prayer and health outcomes in church members.**" *Alternative Therapies in Health & Medicine* 6, no. 4 (Jul 2000): 56-60.  
 [Abstract:] CONTEXT: This study adds to the existing research on religion and health by focusing on the specific practice of prayer and its relationship to health outcomes. OBJECTIVES: The purpose of this survey is to examine the relationship of frequency of prayer to 8 categories of physical and mental health. DESIGN: The Presbyterian Church, USA, performed data collection as part of an ongoing research program. Members of the Presbyterian Church were randomly selected from the national population and surveyed by mail on their frequency of prayer and their health status, as measured by the Medical Outcomes Study Short-form 36 Health Survey. RESULTS: Self-reports of health indicated a high level of functioning overall for all 8 categories of physical and mental health. People who prayed more often scored lower in their physical functioning and their ability to carry out role activities, and higher in their reports of physical pain. However, people who prayed more often also had significantly higher mental health scores than did those who prayed less frequently, despite their physical health problems. CONCLUSION: This study supports the relationship of a high frequency of prayer with a more positive mental health. Various explanations of the results are explored.
- Miller, L., Davies, M. and Greenwald, S. [Division of Clinical and Genetic Epidemiology, Columbia University, New York; lfm14@columbia.edu] "**Religiosity and substance use and abuse among adolescents in the National Comorbidity Survey.**" *Journal of the American Academy of Child & Adolescent Psychiatry* 39, no. 9 (Sep 2000): 1190-7.  
 [Abstract:] OBJECTIVE: To replicate previous findings among adults of an inverse association between religiosity and substance use among a nationally representative sample of adolescents. METHOD: Subjects were 676 (328 female and 348 male) adolescents in the National Comorbidity Survey who were assessed for substance use and abuse with the Composite International Diagnostic Interview. Religiosity was assessed through affiliation with religious denomination and through response to 7 questions concerning belief and practice. RESULTS: Confirmatory factor analyses replicated in adolescents the 2 religiosity factors of personal devotion and personal conservatism previously identified by Kendler among adults, although the 2 factors were more highly correlated in adolescents than in adults. Personal devotion (a personal relationship with the Divine) and affiliation with more fundamentalist religious denominations were inversely associated with substance use and substance dependence or abuse across a range of substances (alcohol, marijuana, cocaine, or any contraband drug). Personal conservatism (a personal commitment to teaching and living according to creed) was inversely associated with use of alcohol only. CONCLUSION: Low levels of religiosity may be associated with adolescent onset of substance use and abuse.
- Milstein, G., Midlarsky, E., Link, B. G., Raue, P. J. and Bruce, M. L. [Intervention Research Center for Geriatric Mood Disorders, Dept. of Psychiatry, Weill Medical College of Cornell U., White Plains, NY 10605] "**Assessing problems with religious content: a comparison of rabbis and psychologists.**" *Journal of Nervous & Mental Disease* 188, no. 9 (Sep 2000): 608-15.  
 [From the abstract:] This study measured distinctions made by a sample of clergy and mental health professionals in response to three categories of presenting problems with religious content: mental disorder, religious or spiritual problem, and "pure" religious problem. A national, random sample of rabbis (N = 111) and clinical psychologists (N = 90) provided evaluations of three vignettes: schizophrenia, mystical experience, and mourning. The participants evaluated the religious etiology, helpfulness of psychiatric medication, and seriousness of the presenting problems. The rabbis and psychologists distinguished between the three diverse categories of presenting problems and concurred in their distinctions. The results provide empirical evidence for the construct validity of the new DSM-IV category religious or spiritual problem (V62.89).
- Morita, T., Tsunoda, J., Inoue, S. and Chihara, S. [Seirei Hospice, Seirei Mikatabara Hospital, Shizuoka, Japan] "**An exploratory factor analysis of existential suffering in Japanese terminally ill cancer patients.**" *Psycho-Oncology* 9, no. 2 (Mar-Apr 2000): 164-8.  
 This study of 162 Japanese hospice inpatients concludes that these patients' suffering [from the abstract:] has three principal components: loss of autonomy, lowered self-esteem, and hopelessness. It is also suggested that meaninglessness in present life would be an underlying theme in patients' spirituality.
- Morrison, I. "**The future of physicians' time.**" *Annals of Internal Medicine* 132, no. 1 (Jan 4, 2000): 80-4.  
 The author addresses the many demands on physicians' time, especially in terms of the many roles physicians play, including that of "shaman," which is said to be likely to become "more important in a world of machines and digital intelligence" because "the public thirsts for a spiritual connection to their healers (p. 82)." "Birth, death, and illness are spiritual events [and]...physicians play an important ceremonial role in these events (p. 82)."

- Nelson, K. A., Walsh, D., Behrens, C., Zhukovsky, D. S., Lipnickey, V. and Brady, D. [Harry R. Horvitz Center for Palliative Medicine, the Taussig Cancer Center, and the Hospice of the Cleveland Clinic Foundation, Cleveland OH 44195] **"The dying cancer patient."** [Review, 25 refs.] *Seminars in Oncology* 27, no. 1 (Feb 2000): 84-9.  
The author gives a general overview of care for the dying cancer patient, including the importance of spiritual issues and noting "appropriate final rituals" (p. 87).
- Nielsen, M. E. [Dept. of Psychology, Georgia Southern Univ., Statesboro GA 30460-8041; mnielsen@gasou.edu] **"Descriptions of religious experience using trait and affect adjectives."** *Psychological Reports* 86, no. 1 (Feb 2000): 308-10.  
[Abstract:] Sixty-six adults rated the relevance of adjectives representing dimensions of affect and personality for describing how they felt during religious experiences. Adjectives, representing positive affect (enthusiastic, at ease), low neuroticism (calm, relaxed), and high agreeableness (soft-hearted, sympathetic), conscientiousness (conscientious, reliable), and extraversion (sociable, talkative), were rated to be descriptive of religious experiences. The failure of openness to discriminate religious experiences is consistent with Block's criticism (1995) of the five-factor model of personality.
- Nisbet, P. A., Duberstein, P. R., Conwell, Y. and Seidlitz, L. [Center for the Study and Prevention of Suicide, Department of Psychiatry, University of Rochester School of Medicine, NY 14642] **"The effect of participation in religious activities on suicide versus natural death in adults 50 and older."** *Journal of Nervous & Mental Disease* 188, no. 8 (Aug 2000): 543-6.  
[From the abstract:] This study tests the hypothesis that older persons dying by suicide, compared with natural death, are less likely to have participated in religious activities. Data from the 1993 National Mortality Followback Survey were used to compare the frequency of participation in religious activities of 584 suicides to those of 4279 natural deaths occurring among women and men ages 50 and older. Adjusting for sex, race, marital status, age, and frequency of social contact, the odds for having never participated in religious activities are greater among suicide victims, compared with natural deaths. Participation in religious activities does appear to reduce the odds of the occurrence of suicide. This effect remains even after controlling for the frequency of social contact....
- Nobles, A. Y. and Sciarra, D. T. [University of Tennessee, Chattanooga] **"Cultural determinants in the treatment of Arab Americans: a primer for mainstream therapists."** *American Journal of Orthopsychiatry* 70, no. 2 (Apr 2000): 182-91.  
[Abstract:] As the population of Arab Americans grows, so does their presence among mental health clientele, creating a need among clinicians for information about these clients. The broad lines of Arab culture are delineated: its roots, language, religion, and political history; patterns of immigration to the United States; and the salient differences between Arab culture and the dominant U.S. culture. The effects of negative stereotyping and discrimination against Arab Americans are examined, as are specific clinical issues in treating them. Recommendations for more culturally sensitive treatment are enumerated.
- Norum, J., Risberg, T. and Solberg, E. [Dept. of Oncology, University Hospital of Tromso, Norway; jannorum@fagmed.uit.no] **"Faith among patients with advanced cancer: a pilot study on patients offered 'no more than' palliation."** *Supportive Care in Cancer* 8, no. 2 (Mar 2000): 110-4.  
[Abstract:] Spiritual wellbeing is an important topic in cancer care. Being religious is reported by patients facing dilemmas concerning the quality and meaning of life to be potentially helpful. However, the fear of death may be close to the surface and easily stimulated. The aim of this study was to clarify patients' attitudes to faith. Between February 1998 and February 1999, 20 patients aged 37-74 years and suffering from ten different incurable cancers were enrolled in the study. An interview technique focusing on the topic by way of an open question about faith was employed. The topic was only continued if the patient signaled a clear wish for this. Half the patients had a close relative present during the conversation, and an oncology nurse was present in all cases. Most patients (18, or 90%) intimated that the topic was of interest: 85% responded by saying they believed in God, and 75% reported that they prayed. A quarter (25%) mentioned that they had visited their local Lutheran pastor before their admission to hospital. One patient reported being a Jehovah's Witness and one, a member of the Norwegian Humanistically Ethical Association (HEA). Following the conversation, 4 patients requested a visit from the hospital chaplain, 1 asked for contact with the Salvation Army to be arranged, and 1 wanted to talk to the local leader of HEA. Following the conversation all patients were observed by a nurse, and no raised level of anxiety was reported. Sixteen of the patients died within a median of 18 (1-180) days after the conversation. In conclusion, most patients responded positively to a question about faith. The topic should be addressed in the treatment of patients with advanced disease. However, care must be taken to avoid frightening the patients. Patients' attitudes with regard to what death brings deserve respect.
- Oexmann, M. J., Thomas, J. C., Taylor, K. B., O'Neil, P. M., Garvey, W. T., Lackland, D. T. and Egan, B. M. [Department of Pharmacology, Medical University of South Carolina, Charleston SC 29425; oexmann@musc.edu] **"Short-term impact of a church-based approach to lifestyle change on cardiovascular risk in African Americans."** *Ethnicity & Disease* 10, no. 1 (Winter 2000): 17-23.  
[Abstract:] While lifestyle modification decreases cardiovascular risk, there are barriers to lifestyle education in usual clinical practice, especially among the medically underserved. To address this gap, "Lighten Up," a church-based lifestyle program was developed in collaboration with the local African-American Christian community. Lighten Up includes a baseline health assessment (week 1), eight educational sessions (weeks 2-9) combining study of scripture and a health message, a short-term health check (week 10) and a long-term health check (week 52). Baseline and 10 week risk factor data have been obtained in 133 African Americans from eight sites (83% women) and form the basis of this report. At baseline, 76% of participants had two or more modifiable risk factors (overweight, hypertension, borderline high cholesterol, or diabetes). The entire group had significant short-term reductions in weight (-2.3 pounds,  $P < .01$ ), mean blood pressure (BP, -2.1 mm Hg,  $P < .05$ ), and triglycerides (-11 mg/dl,  $P < .05$ ). Risk factor improvement was greater among the 60 subjects who attended 75% or more of the educational sessions. In this group, weight fell 2.9+/-0.6 pounds (mean +/- SEM;  $P < .01$ ), mean BP declined 3.8+/-1.2 mm Hg ( $P < .01$ ), total cholesterol was lowered 6+/-4 mg/dl ( $P = .12$ ), and triglycerides were reduced 17+/-9 mg/dl ( $P = .05$ ). Lighten Up is reaching a group with multiple cardiovascular risk factors that is not optimally managed by existing healthcare resources. Of the 133 participants, 70% attended half or more of the sessions, and several components of the risk factor cluster were favorably affected.

- Osse, B. H., Vernooij-Dassen, M. J., de Vree, B. P., Schade, E. and Grol, R. P. [Center for Quality of Care Research (WOK), University of Nijmegen, The Netherlands] **“Assessment of the need for palliative care as perceived by individual cancer patients and their families: a review of instruments for improving patient participation in palliative care.”** *Cancer* 88, no. 4 (Feb 15, 2000): 900-11.  
 [From the abstract:] ...This review evaluates questionnaires for the systematic assessment of needs experienced by individual cancer patients for help, care, or support, as well as the needs of their family members. METHODS: The MEDLINE and PsycLIT data bases were searched systematically. Questionnaires were evaluated by reviewing their contents and estimating their validity, reliability, and feasibility for use in caregiving practice. RESULTS: Analysis of the 471 articles identified from the searches yielded 9 questionnaires for the assessment of patients' needs and 6 questionnaires for the assessment of family members' needs. Most of these instruments were carefully constructed; their validity and reliability were satisfactory and well documented. However, in most questionnaires the needs for care were confounded by satisfaction with care, and the problems experienced by patients. Only one questionnaire for patients specifically addressed the need for help; none for family members was so specific. Data on the feasibility of questionnaires for use in regular care were scarce. Issues frequently omitted were spiritual issues, the personal needs of family members, and the continuity of care....
- Pargament, K. I., Koenig, H. G. and Perez, L. M. [Department of Psychology, Bowling Green State University, Ohio 43403] **“The many methods of religious coping: development and initial validation of the RCOPE.”** *Journal of Clinical Psychology* 56, no. 4 (Apr 2000): 519-43.  
 [Abstract:] The purpose of this study was to develop and validate a new theoretically based measure that would assess the full range of religious coping methods, including potentially helpful and harmful religious expressions. The RCOPE was tested on a large sample of college students who were coping with a significant negative life event. Factor analysis of the RCOPE in the college sample yielded factors largely consistent with the conceptualization and construction of the subscales. Confirmatory factor analysis of the RCOPE in a large sample of hospitalized elderly patients was moderately supportive of the initial factor structure. Results of regression analyses showed that religious coping accounted for significant unique variance in measures of adjustment (stress-related growth, religious outcome, physical health, mental health, and emotional distress) after controlling for the effects of demographics and global religious measures (frequency of prayer, church attendance, and religious salience). Better adjustment was related to a number of coping methods, such as benevolent religious reappraisals, religious forgiveness/purification, and seeking religious support. Poorer adjustment was associated with reappraisals of God's powers, spiritual discontent, and punishing God reappraisals. The results suggest that the RCOPE may be useful to researchers and practitioners interested in a comprehensive assessment of religious coping and in a more complete integration of religious and spiritual dimensions in the process of counseling.
- Plotnikoff, G. A. [Center for Spirituality and Healing, University of Minnesota Academic Health Center] **“In search of a good death: the spiritual dimension.”** *Minnesota Medicine* 83, no. 5 (May 2000): 50-1.
- Post, D. M. and Weddington, W. H. [Department of Family Medicine, Ohio State University, Columbus OH 43210] **“Stress and coping of the African-American physician.”** *Journal of the National Medical Association* 92, no. 2 (Feb 2000): 70-5.  
 [From the abstract:] Ten African-American family physicians across the state of Ohio were interviewed using a standardized open-ended format. ...Stressors presented by research participants included experiences with racism in medicine, doubt, and a strong desire to prove oneself in the medical environment. Distinctive coping strategies involved spirituality, kinship, and the development of strength and perseverance in the face of adversity....
- Post, S. G., Puchalski, C. M. and Larson, D. B. [Center for Biomedical Ethics, School of Medicine, Case Western Reserve University, Cleveland OH 44106-4976] **“Physicians and patient spirituality: professional boundaries, competency, and ethics.”** [Review, 71 refs.] *Annals of Internal Medicine* 132, no. 7 (Apr 4, 2000): 578-83.  
 [Abstract:] Clinical studies are beginning to clarify how spirituality and religion can contribute to the coping strategies of many patients with severe, chronic, and terminal conditions. The ethical aspects of physician attention to the spiritual and religious dimensions of patients' experiences of illness require review and discussion. Should the physician discuss spiritual issues with his or her patients? What are the boundaries between the physician and patient regarding these issues? What are the professional boundaries between the physician and the chaplain? This article examines the physician-patient relationship and medical ethics at a time when researchers are beginning to appreciate the spiritual aspects of coping with illness.
- Powazki, R. D., Palcisco, C., Richardson, M. and Stagno, S. J. [Department of Social Work, The Harry R. Horvitz Center for Palliative Medicine, The Cleveland Clinic Foundation, OH 44195] **“Psychosocial care in advanced cancer.”** *Seminars in Oncology* 27, no. 1 (Feb 2000): 101-8.  
 [Abstract:] In palliative care, the focus is management of major symptoms and complications, and psychosocial support of the patient and family. Approaching the end of life, the patient's needs move beyond physical care to include the psychological, social, and spiritual dimensions. The main psychosocial interventions are counseling, education, and practical services directed at the needs identified by the multidimensional/multidisciplinary assessments. We will present the roles of the various team members and methods of psychosocial assessment.
- Quill, T. E. **“Initiating end-of-life discussions with seriously ill patients: addressing the 'elephant in the room.'”** *JAMA* 284, no. 19 (Nov 15, 2000): 2502-7.  
 This well-known advocate for end-of-life care addresses generally the subject and notes *passim* the importance of spiritual issues in discussions with seriously ill patients. He also comments: "Existential and spiritual questions [from patients] may not be answerable, but all questions call for an honest and compassionate response" (p. 2506).
- Quill, T. E. and Byock, I. R. **“Responding to intractable terminal suffering: the role of terminal sedation and voluntary refusal of food and fluids.”** *Annals of Internal Medicine* 132, no. 5 (Mar 7, 2000): 408-14.  
 This overview with case illustration, from the ACP-ASIM End-of-Life Consensus Panel, notes that "psychosocial, existential, and spiritual issues" are part of the "complex amalgam of pain" which may be experienced by the terminally ill (p. 409).

- Rabow, M. W., Hardie, G. E., Fair, J. M. and McPhee, S. J. "**End-of-life care content in 50 textbooks from multiple specialties.**" *JAMA* 283, no. 6 (Feb 9, 2000): 771-8.  
The authors note that [from the abstract:] content domains covered least well were social, spiritual, ethical, and family issues, as well as physician after-death responsibilities. On average, textbook indices cited 2% of their total pages to as pertinent to end-of-life care.
- Rapgay, L., Rinpoche, V. L. and Jessum, R. [Department of Psychiatry and Biobehavioral Sciences, NeuroPsychiatric Institute and Hospital, UCLA 90024; lobsang@ucla.edu] "**Exploring the nature and functions of the mind: a Tibetan Buddhist meditative perspective.**" [Review, 10 refs.] *Progress in Brain Research* 122 (2000): 507-15.  
[Abstract:] The Tibetan Buddhist classification of mind, its divisions and the system of meditation practices aimed at achieving ideal states of being are a complex presentation of psychological, behavioral and spiritual concepts and processes that demand thorough understanding before assessing their value and outcome (Yeshe, 1995). It is the authors' belief that with the rapid advances in the neuroscience of mental processes, both scientist and Tibetan practitioner can benefit from each other's knowledge and experience to enhance our search for greater understanding of the relationship between mind, body and spirit.
- Richardson, M. A., Sanders, T., Palmer, J. L., Greisinger, A. and Singletary, S. E. [Centers for Alternative Medicine Research and Health Promotion Research and Development, The University of Texas—Houston School of Public Health, Houston TX] "**Complementary/alternative medicine use in a comprehensive cancer center and the implications for oncology.**" *Journal of Clinical Oncology* 18, no. 13 (Jul 2000): 2505-14. See also comment on pp. 2501-4.  
While the article focuses especially on the implications of patients' use of herbs and vitamins, the overall results were [from the abstract]: Of the 453 participants (response rate, 51.4%), 99.3% had heard of CAM. Of those, 83.3% had used at least one CAM approach. Use was greatest for spiritual practices (80.5%), vitamins and herbs (62.6%), and movement and physical therapies (59.2%) and predicted ( $P < .001$ ) by sex (female), younger age, indigent pay status, and surgery. After excluding spiritual practices and psychotherapy, 95.8% of participants were aware of CAM and 68.7% of those had used CAM. Use was predicted ( $P < .0001$ ) by sex (female), education, and chemotherapy.
- Roberts, L., Ahmed, I. and Hall, S. [Westcott House, Jesus Lane, Cambridge, UK, CB5 8BP; lr226@cam.ac.uk] "**Intercessory prayer for the alleviation of ill health.**" [Review, 4 refs.] *Cochrane Database of Systematic Reviews* [computer file]. (2):CD000368, 2000.  
[Abstract:] BACKGROUND: Prayer is an ancient and widely used intervention for alleviating illness and promoting good health. This review focuses specifically on intercessory prayer, which is organized, regular and committed, and those who practice it will almost inevitably hold some committed belief that they are praying to God. Whilst the outcomes of trials of prayer cannot be interpreted as 'proof/disproof' of God's response to those praying, there may be an effect of prayer not dependent on divine intervention. This may be quantifiable, making this investigation of a most widely used health care intervention both possible and important. OBJECTIVES: To review the effectiveness of prayer as an additional intervention for those with health problems already receiving standard medical care. SEARCH STRATEGY: ATLA (1949-1997), Biological Abstracts (1985-1999), CINAHL (1982-1999), The Cochrane Schizophrenia Group's Register (December 1999), CCTR of the Cochrane Library (Issue 4, 1999), EMBASE (1980-1999), MEDLINE (1966-1999) and PsycLIT (1887-1999), Sociofile (1974-1996) and Sociological Abstracts (1963-1999) were methodically searched. All references of articles selected were searched for further relevant trials. SELECTION CRITERIA: Randomized trials of personal, focused, committed and organized intercessory prayer on behalf of anyone with a health problem were considered. Outcomes such as achievement of desired goals, death, illness, quality of life and well-being for the recipients of prayer, those praying and the care-givers were sought. DATA COLLECTION AND ANALYSIS: Studies were reliably selected and assessed for methodological quality. Data were extracted by two reviewers working independently. Dichotomous data were analyzed on an intention-to-treat basis. MAIN RESULTS: There was no evidence that prayer affected the numbers of people dying from leukemia or heart disease (OR 1.11, CI 0.79-1.56, n=1424). Intercessory prayer did not clearly decrease the odds of people with heart problems experiencing a bad or intermediate outcome (OR 0.8, CI 0.64-1.00, n=1444) but this finding was moved towards the null by inclusion of a negative assumption for those who were dropped from the analysis in one study. Prayer increased the odds of readmission to the Coronary Care Unit (OR 1.54 CI 1.02-2.33, n=1406) but these results are made significantly negative by the inclusion of an assumption of poor outcome for those not accounted for in the final analyses. REVIEWER'S CONCLUSIONS: Data in this review are too inconclusive to guide those wishing to uphold or refute the effect of intercessory prayer on health care outcomes. In the light of the best available data, there are no grounds to change current practices. There are few completed trials of the value of intercessory prayer, and the evidence presented so far is interesting enough to justify further study. If prayer is seen as a human endeavor it may or may not be beneficial, and further trials could uncover this. It could be the case that any effects are due to elements beyond present scientific understanding that will, in time, be understood. If any benefit derives from God's response to prayer it may be beyond any such trials to prove or disprove.
- Rousseau, P. [Veterans Administration Medical Center and RTA Hospice, Phoenix AZ; arizonamd@aol.com] "**Spirituality and the dying patient.**" *Journal of Clinical Oncology* 18, no. 9 (May 2000): 2000-2.  
This is a brief overview of the subject, with a sense of the history of the development in medicine of new sociobiologic models in the 1960s which challenged the old (Cartesian) reductionism of a purely biologic approach to patient treatment. The author presents C. M. Puchalski's "FICA" spiritual assessment as a clinical strategy to assess for patients' "spiritual suffering."
- Schwartz, M. D., Hughes, C., Roth, J., Main, D., Peshkin, B. N., Isaacs, C., Kavanagh, C. and Lerman, C. [Lombardi Cancer Center, Georgetown University Medical Center, Washington DC 20007; Schwartm@gunet.georgetown.edu] "**Spiritual faith and genetic testing decisions among high-risk breast cancer probands.**" *Cancer Epidemiology, Biomarkers & Prevention* 9, no. 4 (Apr 2000): 381-5.  
[Abstract:] Despite widespread access to genetic testing for the BRCA1 and BRCA2 breast cancer susceptibility genes, little is known about rates or predictors of test use among individuals from newly ascertained high-risk families who have self-referred for genetic counseling/testing. The objective of this study was to examine rates of test use within this population. In addition, we sought to determine whether spiritual faith and psychological factors influenced testing decisions. Participants were 290 women with familial breast cancer. All were offered genetic counseling and testing for alterations in the BRCA1 and BRCA2 genes. Baseline levels of spiritual faith, cancer-specific distress, perceived risk, and demographic factors were examined to identify independent predictors of whether participants received versus

declined testing. The final logistic model revealed statistically significant main effects for spiritual faith [odds ratio (OR), 0.2; 95% confidence intervals (CIs), 0.1 and 0.5] and perceived ovarian cancer risk (OR, 2.4; 95% CIs, 1.3 and 4.7) and a statistically significant spiritual faith by perceived risk interaction effect. Among women who perceived themselves to be at low risk of developing breast cancer again, those with higher levels of spiritual faith were significantly less likely to be tested, compared with those with lower levels of faith (OR, 0.2; 95% CIs, 0.1 and 0.5). However, among women with high levels of perceived risk, rates of test use were high, regardless of levels of spiritual faith (OR, 1.2; 95% CIs, 0.4 and 3.0). These results highlight the role that spirituality may play in the decision-making process about genetic testing.

Scorgie, K. and Sobsey, D. [Azusa Pacific University, San Diego, CA 92108; kscorgie@apu.edu] “**Transformational outcomes associated with parenting children who have disabilities.**” *Mental Retardation* 38, no. 3 (Jun 2000): 195-206.

[Abstract:] In this study we explored transformations—significant and positive changes—in the lives of parents of children with disabilities. In the first phase of the study, we interviewed 15 parents of children with disabilities about their experiences as parents. Results were qualitatively analyzed to develop themes. In the second phase, we surveyed 80 parents using an instrument that measured agreement with the themes from the first phase. Results indicated that most parents reported many positive changes in their lives as a result of parenting a child with a disability. These included three major areas: (a) personal growth, (b) improved relations with others, and (c) changes in philosophical or spiritual values.

Shapiro, S. L., Shapiro, D. E. and Schwartz, G. E. [Department of Psychology, University of Arizona, Tucson 85721; shapiros@u.arizona.edu] “**Stress management in medical education: a review of the literature.**” [Review, 51 refs.] *Academic Medicine* 75, no 7 (Jul 2000): 748-59.

The authors reviewed systematically clinical studies indexed on Medline and PSYCHinfo from 1966 to 1999 which [from the abstract:] ...included stress-management programs for medical trainees (medical students, interns, or residents), reported empirical data, and had been conducted at allopathic medical schools. RESULTS: Although the search yielded over 600 articles discussing the importance of addressing the stress of medical education, only 24 studies reported intervention programs, and only six of those used rigorous scientific method. Results revealed that medical trainees participating in stress-management programs demonstrated (1) improved immunologic functioning, (2) decreases in depression and anxiety, (3) increased spirituality and empathy, (4) enhanced knowledge of alternative therapies for future referrals, (5) improved knowledge of the effects of stress, (6) greater use of positive coping skills, and (7) the ability to resolve role conflicts. Despite these promising results, the studies had many limitations....

Sherman, A. C., Plante, T. G., Simonton, S., Adams, D. C., Harbison, C. and Burriss, S. K. [Behavioral Medicine, U. of Arkansas for Medical Sciences, Little Rock 72205; ShermanAllenC@exchange.uams.edu] “**A multidimensional measure of religious involvement for cancer patients: the Duke Religious Index.**” *Supportive Care in Cancer* 8, no. 2 (Mar 2000): 102-9.

[Abstract:] Despite increasing interest in the relationship between religious involvement and health outcomes for cancer patients, research has been limited by the lack of appropriate measures. Few of the many instruments available are well suited to cancer patients. The current study examined the psychometric properties of one recently developed measure, the Duke Religious Index (DRI), which assesses several aspects of religious involvement. The DRI was evaluated in two distinct samples: 104 cancer patients receiving treatment at a bone marrow transplantation program and 175 gynecology clinic patients. The instrument demonstrated good internal consistency (coefficient alphas 0.87-0.94). Moderate to high correlations with other measures of religiosity provided support for convergent validity. Modest relationships with other measures commonly used in psychosocial oncology (e.g., optimism, social support, purpose in life) indicated that the instrument provides unique information (all  $r$ 's < 0.42). Small relationships with social desirability response bias, negative affect, and relationship cohesion further supported the divergent validity of the instrument (all  $r$ 's < 0.22). The DRI was significantly associated with demographic characteristics but not with medical variables. Findings support the value of the DRI for use in oncology settings.

Sherman, D. W. [Aaron Diamond Post-Doctoral Research Fellow and Assistant Professor, New York University, School of Education, Division of Nursing, New York University, NY] “**Experiences of AIDS-dedicated nurses in alleviating the stress of AIDS caregiving.**” *Journal of Advanced Nursing* 31, no. 6 (Jun 2000): 1501-8.

[Abstract:] From the beginning of the AIDS epidemic, there have been individuals dedicated to the care of patients with AIDS. However, there has been little research regarding their perceptions and experiences of AIDS caregiving and the strategies they use to alleviate the stress and promote their willingness to care. Based on the experiences of 12 nurses at one hospital, who had chosen to work on an AIDS-dedicated unit, this exploratory study, conducted in 1998, explored the following: the physical, emotional or spiritual risks and stresses associated with AIDS caregiving; factors that provide resistance to the stresses of AIDS caregiving and promote a willingness to care; and strategies recommended by AIDS-dedicated nurses in caring for patients with AIDS. The data reveal important themes related to the physical stress of AIDS caregiving, specifically being aware of risks, but not paralyzed by fear, and bombardment of the senses. The coping strategies of nurses included taking the risk in their stride, reframing the risk, and protecting oneself. The emotional stress of AIDS caregiving included witnessing suffering, experiencing unresolved grief, accepting diversity, being emotionally connected, distress from the dismantling of the AIDS unit and work demands, and declining team spirit. Coping strategies included balancing personal and professional life, releasing pain, respecting yet controlling feelings, managing demands, and asking for help. Nurses maintained their spiritual perspective. They experienced through AIDS caregiving a greater sense of shared humanity and a new perspective of life. Findings indicate that AIDS-dedicated nurses use many coping strategies. The experiences of these nurses can assist clinicians, educators and administrators in supporting nurses' caregiving and promoting the quality of care offered to patients with AIDS.

Simmons, Z., Bremer, B. A., Robbins, R. A., Walsh, S. M. and Fischer, S. [Division of Neurology, Pennsylvania State College of Medicine, Hershey 17033; zsimmons@psu.edu] “**Quality of life in ALS depends on factors other than strength and physical function.**” *Neurology* 55, no. 3 (Aug 8, 2000): 388-92.

This study of 96 patients with ALS concludes that [from the abstract:] ...QOL, as assessed by the patient with ALS, does not correlate with measures of strength and physical function, but appears to depend on psychological and existential factors, and thus may be measured well by the MQOL scale. Spiritual factors and support systems appear to play roles as well. SIP/ALS-19 is a good measure of physical function, but not of overall QOL.

- Simoni, J. M. and Cooperman, N. A. [Yeshiva University, Bronx, NY 10461-1602; jsimoni@aecom.yu.edu] **“Stressors and strengths among women living with HIV/AIDS in New York City.”** *AIDS Care* 12, no. 3 (Jun 2000): 291-7.  
 In this study, conducted through face-to-face interviews with a non-probability sample of 373 women living with HIV/AIDS in New York City, participants reported considerable stressors (e.g., sexual and physical abuse); however, they [from the abstract:] also reported considerable strengths, including high levels of spirituality....
- Sloan, R. P., Bagiella, E., VandeCreek, L., Hover, M., Casalone, C., Hirsch, T. J., Hasan, Y., Kreger, R. and Poulos, P. [Columbia University College of Physicians and Surgeons, New York, NY 10032] **“Should physicians prescribe religious activities?”** *New England Journal of Medicine* 342, no. 25 (Jun 22, 2000): 1913-6.  
 In this "Sounding Board" article the authors question the recent literature on spirituality and health and caution against "making religious and spiritual matters part of medical care" (p. 1915). Moreover, the authors express concern that "attempts to obtain scientific evidence of the health benefits of religious activity" may "trivialize religion" and be "superficial" (pp. 1915-6).
- Sowell, R., Moneyham, L., Hennessy, M., Guillory, J., Demi, A. and Seals, B. [Department of Administrative and Clinical Nursing, University of South Carolina, Columbia, SC] **“Spiritual activities as a resistance resource for women with human immunodeficiency virus.”** *Nursing Research* 49, no. 2 (Mar-Apr 2000): 73-82.  
 [Abstract:] BACKGROUND: Few studies have investigated the role that spiritual activities play in the adaptational outcomes of women with human immunodeficiency virus (HIV) disease. OBJECTIVE: To examine the role of spiritual activities as a resource that may reduce the negative effects of disease-related stressors on the adaptational outcomes in HIV-infected women. METHODS: A theoretically based causal model was tested to examine the role of spiritual activities as a moderator of the impact of HIV-related stressors (functional impairment, work impairment, and HIV-related symptoms) on two stress-related adaptational outcomes (emotional distress and quality of life), using a clinic-based sample of 184 HIV-positive women. RESULTS: Findings indicated that as spiritual activities increased, emotional distress decreased even when adjustments were made for HIV-related stressors. A positive relationship between spiritual activities and quality of life was found, which approached significance. Findings showed that HIV-related stressors have a significant negative effect on both emotional distress and quality of life. CONCLUSIONS: The findings support the hypothesis that spiritual activities are an important psychological resource accounting for individual variability in adjustment to the stressors associated with HIV disease.
- Steinhauser, K. E., Christakis, N. A., Clipp, E. C., McNeilly, M., McIntyre, L. and Tulsky, J. A. **“Factors considered important at the end of life by patients, family, physicians, and other care providers.”** *JAMA* 284, no. 19 (Nov 15, 2000): 2476-82.  
 This article reports a survey of 340 seriously ill patients, 332 recently bereaved family members, 361 physicians and 429 other care providers (i.e., nurses, social workers, chaplains and hospice volunteers). Among the findings, [from the abstract:] Eight items received strong importance ratings from patients but less from physicians ( $P < .001$ ), including being mentally aware, having funeral arrangements planned, not being a burden, helping others, and coming to peace with God. [See the table regarding this on p. 2480.]
- Steinhauser, K. E., Clipp, E. C., McNeilly, M., Christakis, N. A., McIntyre, L. M. and Tulsky, J. A. [Durham Veterans Affairs Medical Center, North Carolina 27705; karensteinhauser@mindspring.com] **“In search of a good death: observations of patients, families, and providers.”** *Annals of Internal Medicine* 132, no. 10 (May 16, 2000): 825-32.  
 [Abstract:] Despite a recent increase in the attention given to improving end-of-life care, our understanding of what constitutes a good death is surprisingly lacking. The purpose of this study was to gather descriptions of the components of a good death from patients, families, and providers through focus group discussions and in-depth interviews. Seventy-five participants-including physicians, nurses, social workers, chaplains, hospice volunteers, patients, and recently bereaved family members-were recruited from a university medical center, a Veterans Affairs medical center, and a community hospice. Participants identified six major components of a good death: pain and symptom management, clear decision making, preparation for death, completion, contributing to others, and affirmation of the whole person. The six themes are process-oriented attributes of a good death, and each has biomedical, psychological, social, and spiritual components. Physicians' discussions of a good death differed greatly from those of other groups. Physicians offered the most biomedical perspective, and patients, families, and other health care professionals defined a broad range of attributes integral to the quality of dying. Although there is no "right" way to die, these six themes may be used as a framework for understanding what participants tend to value at the end of life. Biomedical care is critical, but it is only a point of departure toward total end-of-life care. For patients and families, psychosocial and spiritual issues are as important as physiologic concerns.
- Taylor, R. J., Ellison, C. G., Chatters, L. M., Levin, J. S. and Lincoln, K. D. [School of Social Work, University of Michigan, Ann Arbor MI 48109; rjtaylor@umich.edu] **“Mental health services in faith communities: the role of clergy in black churches.”** *Social Work* 45, no. 1 (Jan 2000): 73-87.  
 [Abstract :] A small but growing literature recognizes the varied roles that clergy play in identifying and addressing mental health needs in their congregations. Although the role of the clergy in mental health services delivery has not been studied extensively, a few investigations have attempted a systematic examination of this area. This article examines the research, highlighting available information with regard to the process by which mental health needs are identified and addressed by faith communities. Areas and issues where additional information is needed also are discussed. Other topics addressed include client characteristics and factors associated with the use of ministers for personal problems, the role of ministers in mental health services delivery, factors related to the development of church-based programs and service delivery systems, and models that link churches and formal services agencies. A concluding section describes barriers to and constraints against effective partnerships between churches, formal services agencies, and the broader practice of social work.
- Tulsky, J. A. [Program on the Medical Encounter and Palliative Care, Durham VA, NC] **“Ancient wisdom for modern medicine: the tradition of Judaism.”** *North Carolina Medical Journal* 61, no. 3 (May-Jun 2000): 141-4.
- Tulsky, J. A., Ciampa, R. and Rosen, E. J. [Health Services Research, Durham Veterans Affairs Medical Center, North Carolina 27705] **“Responding to legal requests for physician-assisted suicide. University of Pennsylvania Center for Bioethics Assisted Suicide Consensus Panel.”** *Annals of Internal Medicine* 132, no. 6 (Mar 21, 2000): 494-9.

The authors note: "Many factors cause patients to express a wish for an early death. Pain, fatigue, or dyspnea alone are usually insufficient reasons to end one's life, given the potential for their palliation. Rather, the deepest suffering motivates suicide. This includes fears of dependency or being a burden, feelings of abandonment, frightening psychiatric symptoms, hopelessness, and spiritual crisis. ...[M]any physicians are still poorly prepared to address these domains of suffering, and we encourage them to enlist their colleagues in chaplaincy, nursing, social work, and psychology, as well as community-based clergy and other local resources, in order to respond appropriately." (pp. 496-7)

von Guten, C. F., Ferris, F. D. and Emanuel, L. L. "**Ensuring competency in end-of-life care: communication and relational skills.**" *JAMA* 284, no. 23 (Dec 20, 2000): 3051-7.

The authors present a seven-step strategy for communication and cover several problematic issues, including withholding/withdrawing therapy and conflicts about futility. Regarding the latter, the authors write: "The physician should explore how religious issues influence the patient and his/her family in decision making. Physicians may need to overcome the social convention of avoiding religious topics to have this discussion. Relying on chaplains, or perhaps the family's own spiritual leader, to help discuss and elucidate the patient's or family's religious framework can be helpful." (pp. 3054-5)

Wear, D. and Castellani, B. [Northeastern Ohio Universities College of Medicine, Rootstown OH 44272] "**The development of professionalism: curriculum matters.**" *Academic Medicine* 75, no. 6 (Jun 2000): 602-11.

[From the abstract:] ...The authors present the need for an intellectual widening of the medical curriculum, so that students acquire not only the necessary tools of scientific and clinical knowledge, methods, and skills but also other relevant tools for professional development that can be provided only by particular knowledge, methods, and skills outside bioscience domains. Medical students have little opportunity to engage any body of knowledge not gained through bioscientific/empirical methods. Yet other bodies of knowledge-philosophy, sociology, literature, spirituality, and aesthetics are often the ones where compassion, communication, and social responsibility are addressed, illuminated, practiced, and learned...

Weaver, A. J., Samford, J. A., Morgan, V. J., Lichton, A. I., Larson D. B. and Garbarino, J. [Department of Psychology, Hawaii State Hospital, Kaneohe, HI] "**Research on religious variables in five major adolescent research journals: 1992 to 1996.**" [Review, 67 refs.] *Journal of Nervous & Mental Disease* 188, no. 1 (Jan 2000): 36-44.

[Abstract:] A review of quantitative research studies published between 1992 and 1996 in five major adolescent journals revealed that 11.8% included a measure of religion. This percentage (11.8%) is 3 to 10 times higher than that found in previous reviews of empirical research in psychological and psychiatric journals, suggesting that adolescent research journals are more sensitive to the role of religious factors on mental health than research in related disciplines. The results are discussed in the context and philosophy of the adolescent research and in comparison with related disciplines.

Whitecar, P. S., Jonas, A. P. and Clasen, M. E. [Wright State U. School of Medicine, Dayton, OH] "**Managing pain in the dying patient.**" [Review, 23 refs.] *American Family Physician* 61, no. 3 (Feb 1, 2000): 755-64. Comment on pp. 636 and 641-2.

The article reviews the literature, with concern for how pain may often be undertreated in spite of the availability of medications and technology. The authors offer practical advice about the control of pain in the dying patient, and among their conclusions is [from the abstract:] ...The physical, psychological, social and spiritual needs of dying patients are best managed with a team approach.

Williams, R. D. and Clark, A. J. [Department of Graduate Studies, School of Nursing, University of Alabama, Birmingham 35294-1210] "**A qualitative study of women's hysterectomy experience.**" *Journal of Womens Health & Gender-Based Medicine* 9, Suppl 2 (2000): S15-25.

[From the abstract:] The purpose of this qualitative study was to elicit women's perceptions of their experiences with hysterectomy, oophorectomy, and surgical menopause. Focus group and individual interviews were used to obtain data from a sample of southern urban women who had had hysterectomies for benign reasons. Of the 38 women who participated, 22 were African American and 16 were Caucasian, the mean age was 48 years, and most were low to middle income. Findings revealed that biophysical, psychosocial, and spiritual domains were important in the decision to have a hysterectomy...

Wilson, L. C. [Community Health Nursing, Frances Payne Bolton School of Nursing, Case Western Reserve University, OH] "**Implementation and evaluation of church-based health fairs.**" *Journal of Community Health Nursing* 17, no. 1 (Spring 2000): 39-48.

The article describes a model for planning, implementing, and evaluating a church-based health fair.

Wolkenstein, A. S. [St. Luke's Family Practice Residency, Milwaukee WI 53215; awolkens@fammed.wisc.edu] "**Spirituality in residency education: taking the next step.**" *Family Medicine* 32, no. 3 (Mar 2000): 159-60.

The author addresses here briefly the intent and content of workshops in spirituality for medical residents. A short table presents a summary of "Barriers to Forming a Workable Curriculum in Spirituality": concerns about privacy (patients' and residents'), about how professional and ethical such a venture may seem to patients and colleagues, about physicians' time constraints, and about training.

Zimmerman, G. and Weber, W. [Carleton University, School of Business, Ottawa, Ontario, Canada; zimmy@sympatico.ca] "**Care for the caregivers: a program for Canadian military chaplains after serving in NATO and United Nations peacekeeping missions in the 1990s.**" *Military Medicine* 165, no. 9 (Sept. 2000): 687-90.

The article describes the development of a program for various military caregivers after complaints of post-deployment stress, tested with a group of 31 chaplains. A 4-day event of small-group workshops, following an adult educational model, [from the abstract:] covered topics such as post-traumatic stress disorder, vicarious traumatization, coping techniques, spirituality, self-care, and family issues. ...Having met its objectives, the program has become a normal concluding part of stressful deployments.

*Comments or questions may be addressed to Chaplain John W. Ehman, Presbyterian Medical Center (UPHS), Department of Pastoral Care, 39<sup>th</sup> & Market Streets, Philadelphia PA 19104.*