Spirituality & Health: A Select Bibliography of *Medline*-Indexed Articles Published in 2004

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The following is a selection of 253 *Medline*-indexed journal articles pertaining to spirituality & health published during 2004, among the more than 650 articles categorized under the subject headings of "Religion and Medicine," "Religion and Psychology," "Pastoral Care', and "Spirituality"; and among the more than 1,500 articles that in some way mention spirituality/religion. 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 may be found through other health science indices/data bases—e.g., *CINAHL/Nursing* or *PsycINFO*.

Abraido-Lanza, A. F., Vasquez, E. and Echeverria, S. E. [Department of Sociomedical Sciences, Mailman School of Public Health, Columbia University, New York, NY; abraido@columbia.ed]. "**En las manos de Dios [in God's hands]: Religious and other forms of coping among Latinos with arthritis**." *Journal of Consulting & Clinical Psychology* 72, no. 1 (Feb 2004): 91-102.
[Abstract:] This study tested a theoretical model concerning religious, passive, and active coping; pain; and psychological adjustment among a sample of 200 Latinos with arthritis. Respondents reported using high levels of religious coping. A path analysis indicated that religious coping was correlated with active but not with passive coping. Religious coping was directly related to psychological well-being. Passive coping was associated with greater pain and worse adjustment. The effects of active coping on pain, depression, and psychological well-being were entirely indirect, mediated by acceptance of illness and self-efficacy. These findings warrant more research on the mechanisms that mediate the relationship between coping and health. This study contributes to a growing literature on religious coping among people with chronic illness, as well as contributing to a historically under-studied ethnic group.

Abrum, M. [Nursing Program, University of Washington, Bothell, WA 98011; mabrums@u.washington.edu]. "**Faith and feminism: how African American women from a storefront church resist oppression in healthcare**." *Advances in Nursing Science* 27, no. 3 (Jul-Sep 2004): 187-201.
[Abstract:] It is well documented that racism in the US healthcare system, including the objectification and disparagement of women of color, contributes to disparities in health status. However, it is a mistaken notion to characterize women of color as unknowing victims. In this study, black feminist standpoint epistemology is used in methodological approach and analysis to understand how a small group of African American church-going women use religious beliefs to help them cope with and resist the racism and discriminatory objectification they encounter in healthcare encounters.

Adib, S. M. [Faculty of Public Health, Lebanese University, PO Box 175027, Beirut, Lebanon; salimadib@hotmail.com]. "**From the biomedical model to the Islamic alternative: a brief overview of medical practices in the contemporary Arab world**." *Social Science & Medicine* 58, no. 4 (Feb 2004): 697-702.
This is a historical overview of the adoption of "Western medicine" in Arab countries and the rise there of "Islamic medicine" in recent decades in response. [From the abstract:] In Islamic medicine, disease is attributed to lack of attention to the spiritual dimension of human beings, yet intermediate causal pathways are not provided. Alongside "orthodox" concepts, Islamic medicine promotes some herbal remedies, in addition to faith-healing through prayer and the recitation of holy verses. While most of those practices may be beneficial, they may cause some harm to patients if they entail delaying or denying timely recourse to "orthodox" medical care. There are currently no Islamic medicine training programs in any Arab country, and Islamic medicine has not emerged as a comprehensive health alternative comparable to other non-Western health models.

Ai, A. L., Peterson, C., Tice, T. N., Bolling, S. F. and Koenig, H. G. [Universities of Washington Health Science, Seattle, WA; amyai@u.washington.edu]. "**Faith-based and secular pathways to hope and optimism subconstructs in middle-aged and older cardiac patients**." *Journal of Health Psychology* 9, no. 3 (May 2004): 435-450.
[Abstract:] This study was designed to fill gaps in the new field of positive psychology. Using data from two sequential interviews, this study examined the effect of faith-based and secular pathways to hope and optimism among 226 middle-aged and older patients facing a major medical crisis-cardiac surgery. Structural equation modeling demonstrated that religious faith factors contributed to the agency component of hope and dispositional optimism indirectly through the use of prayer as a coping strategy. Other sociodemographically resourcable factors affected both the agency and pathway components of hope as well as dispositional optimism and dispositional pessimism directly or indirectly through their effects on emotional distress.

Alibhai, S. M. and Gordon, M. "**Muslim and Jewish perspectives on inappropriate treatment at the end of life**." *Archives of Internal Medicine* 164, no. 8 (Apr 26, 2004): 916-917.
This is a comment--one of three, plus an author's reply--regarding Brett, A. S. and Jersild, P., "'Inappropriate' treatment near the end of life: conflict between religious convictions and clinical judgment," *Archives of Internal Medicine* 163, no. 14 (Jul 28, 2003): 1645-1649.

Al-Mateen, C. S. [Virginia Treatment Center for Children, Division of Child and Adolescent Psychiatry, Virginia Commonwealth University School of Medicine, Richmond, VA 23298; calmatee@hsc.vcu.edu]. "**The Muslim child, adolescent, and family**." *Child & Adolescent Psychiatric Clinics of North America* 13, no. 1 (Jan 2004): 183-200, ix.

[Abstract:] This article reviews the basic tenets of Islam, the second-most populous religion in the world. The practice of Islam can be affected by ethnic and cultural factors; therefore, the influence of various cultures (such as Arab, Pakistani, and African American) as seen in practice with Muslim children and their families is discussed.

Anandarajah, G. and Stumpff, J. [Brown University Memorial Hospital of Rhode Island]. "**Integrating spirituality into medical practice: a survey of FM clerkship students**." *Family Medicine* 36, no. 3 (Mar 2004): 160-161.

This survey by questionnaire of 104 students beginning a required family medicine clerkship (85% response rate) found that these students had "positive attitudes regarding the inclusion of spirituality into medical practice"; however, they reported a "lack of specific knowledge and skills" in this area [p 161] The brief report of this research is in the form of a letter to the editor.

Anderson, P. A., Grey, S. F., Nichols, C., Parran, T. V. Jr. and Graham, A. V. [Case Western Reserve University; paa@case.edu]. "**Is screening and brief advice for problem drinkers by clergy feasible? A survey of clergy**." *Journal of Drug Education* 34, no. 1 (2004): 33-40.

[Abstract:] Routine screening for alcohol abuse in primary care, with brief advice to stop drinking for those screening positive, can detect individuals with alcohol problems and reduce alcohol use and alcohol induced problems in those detected. Not everyone with alcohol problems sees a physician regularly, however, and not all respond to a physician's brief advice. To explore the feasibility of expanding screening for alcohol problems to clergy, we did a mailed survey to 315 clergy at Christian churches in Cleveland, Ohio. Clergy reported a variety of views about alcohol use and abuse, but most agreed that alcoholism is a disease. They indicated counseling a significant number of parishioners, and were receptive to learning brief screening questions to detect alcohol problems. We conclude that many clergy would be interested in a strategy of screening and then giving brief advice or referral to individuals found to have alcohol problems.

Armstrong, J. and Holland, J. [Department of Medicine, Memorial Sloan-Kettering Cancer Center, New York, NY 10021]. "**Surviving the stresses of clinical oncology by improving communication**." *Oncology (Huntington)* 18, no. 3 (Mar 2004): 363-368. Discussion on pp. 373-375.

[Abstract:] Oncologists grapple with an element of psychological stress that relates to the suffering their patients experience. Although this stress may not be unique to oncology, it is profound. When these stresses become overwhelming, they lead to physician burnout. It is important to understand what makes an oncologist feel successful, what coping strategies help combat burnout, and what adds to the process of renewal. The doctor-patient relationship plays an important role for many oncologists in this regard, and communication skills are increasingly recognized for their importance in this arena. We outline several clinical scenarios that pose particular challenges to oncologists. These include breaking bad news and the patient's response to hearing bad news, transitions in care and offering end-of-life care, participation in investigational studies, error disclosure, complementary and alternative medicine, spirituality, family discussions, and cross-cultural issues. By highlighting the relevant psychosocial issues, we offer insight into, and tools for, an enriched dialogue between patient and oncologist. The doctor-patient relationship can be viewed as the ultimate buffer for dealing with the hassles encountered in clinical oncology.

Astin, J. A. and Forys, K. [California Pacific Medical Center Research Institute, San Francisco, CA]. "**Psychosocial determinants of health and illness: integrating mind, body, and spirit**." *Advances in Mind-Body Medicine* 20, no. 4 (2004): 14-21. [Review, 50 refs.]

[Abstract:] Presented in this paper is a review of some of the evidence linking psychosocial factors to a variety of health outcomes. Drawing upon the work of the philosopher Ken Wilber, we begin with a consideration of some of the historic roots of the mind-body split. As will be seen, Wilber argues that in the premodern era, "mind" and "body" were essentially fused (ie, thought of as not separate); with the dawn in the West of the Enlightenment and the emergence and subsequent dominance of the empiric-scientific mode of inquiry, the mind and body became separate; and in the postmodern world, the task now is one of reintegrating mind and body, an undertaking with obvious implications for the field of medicine. With the goal of helping in this mind-body reintegration, we first summarize the epidemiological findings examining the relation between various psychosocial factors (personality, mood states, and cognitive factors) and physical health. We then review some of the physiological and mechanistic data that link mental-emotional factors (eg, psychosocial stress) with physical function and health. Finally, we discuss the therapeutic implications of these findings.

Baetz, M., Griffin, R., Bowen, R., Koenig, H. G. and Marcoux, E. [Department of Psychiatry, University of Saskatchewan, Saskatoon, Saskatchewan, Canada]. "**The association between spiritual and religious involvement and depressive symptoms in a Canadian population**." *Journal of Nervous & Mental Disease* 192, no. 12 (Dec 2004): 818-822.

[Abstract:] Data from a large epidemiologic survey were examined to determine the relationship of religious practice (worship service attendance), spiritual and religious self-perception, and importance (salience) to depressive symptoms. Data were obtained from 70,884 respondents older than 15 years from the Canadian National Population Health Survey (Wave II, 1996-1997). Logistic regression was used to examine the relationship of the religious/spiritual variables to depressive symptoms while controlling for demographic, social, and health variables. More frequent worship service attendees had significantly fewer depressive symptoms. In contrast, those who stated spiritual values or faith were important or perceived themselves to be spiritual/religious had higher levels of depressive symptoms, even after controlling for potential mediating and confounding factors. It is evident that spirituality/religion has an important effect on depressive symptoms, but this study underscores the complexity of this relationship. Longitudinal studies are needed to help elucidate mechanisms and the order and direction of effects.

Baetz, M., Griffin, R., Bowen, R. and Marcoux, G. [Department of Psychiatry, University of Saskatchewan, Saskatoon, Canada; m.baetz@usask.ca]. "**Spirituality and psychiatry in Canada: psychiatric practice compared with patient expectations**." *Canadian Journal of Psychiatry - Revue Canadienne de Psychiatrie* 49, no. 4 (Apr 2004): 265-271.

[Abstract:] OBJECTIVE: This study compares psychiatrists' and psychiatric patients' practice, attitudes, and expectations regarding spirituality and religion. METHOD: We mailed surveys to all Canadian psychiatrists registered with the Royal College of Physicians and Surgeons of Canada (n = 2890). The response rate was 42% (n = 1204). We recruited patients from a Canadian on-line survey (n = 67) and from a local

mental health clinic (n = 90). RESULTS: Psychiatrists had lower levels of beliefs and practices than did patients and the general population. In both groups, 47% felt there was "often or always" a place to include spirituality in psychiatric assessment, although the perceived importance differed. Among patients, 53% felt it important to have this issue addressed, and 24% considered the psychiatrist's spiritual interest important in their choice of psychiatrist. Barriers to addressing the issue of spirituality and mental health related to psychiatrists' concern regarding its appropriateness and patients' perception that interest is lacking. Psychiatrists' own beliefs and practices were strong predictors of spiritual inquiry. CONCLUSIONS: Although psychiatrists report lower levels of spiritual and religious belief than do patients, they acknowledge that it is important to include this topic in patient care. and religion in routine psychiatric assessment.

Baker, L. M. [Library and Information Science Program, 106 Kresge, Wayne State University, Detroit, MI; aa0838@wayne.edu]. "**Information needs at the end of life: a content analysis of one person's story**." *Journal of the Medical Library Association* 92, no. 1 (Jan 2004): 78-82.

[From the abstract:] During the last phase of life, a person may need a variety of information to help her or him cope with dying and death. This article describes the nature of information needed during this stage. A content analysis was done of a book of conversations between a husband who was dying and his wife who is a grief counselor to determine his information needs. Four categories of needs were proposed, including physical, emotional, spiritual, and financial. Information needs germane to each category were identified….

Bakitas, M., Stevens, M., Ahles, T., Kirn, M., Skalla, K., Kane, N. and Greenberg, E. R. [Norris Cotton Cancer Center and Center for Psycho-Oncology Research, Lebanon, NH; Marie.Bakitas@dartmouth.edu]. "**Project ENABLE: a palliative care demonstration project for advanced cancer patients in three settings**." *Journal of Palliative Medicine* 7, no. 2 (Apr 2004): 363-372.

[From the abstract;] Project ENABLE [Educate, Nurture, Advise Before Life Ends]was aimed at alleviating the symptoms of disease and treatment, enhancing clinician and patient/family communication, offering support for families, friends and other caregivers, addressing emotional and spiritual needs of dying people and providing conceptual and administrative structure to provide EOL care consistent with patients' values and preferences. Although patient symptom data is not yet available, other measures of success included improved access to hospice and palliative care services from the time of diagnosis and a sustained palliative care program at two of the three sites in which the program was implemented.

Banks-Wallace, J. and Parks, L. [School of Nursing, Univ. of Missouri--Columbia, MO; Banks.WallaceJ@health.missouri.edu]. "**It's all sacred: African American women's perspectives on spirituality**." *Issues in Mental Health Nursing* 25, no. 1 (Jan-Feb 2004): 25-45.

[Abstract:] In this study, we examined the meaning and function of spirituality for a group of African American women. Participants had been recruited for a focus group study exploring the significance of mother-daughter-sister relationships to the well being and health behavior choices of women. Women developed individually defined concepts of spirituality by combining Judeo-Christian traditions and African cosmology. Spirituality was a cornerstone of many participants' daily lives. It influenced women's decision-making and behavior across many realms. For example, many women came to the conclusion that domestic violence was not part of God's plan for their lives. Spiritual-based strategies may provide a rich foundation for innovative and efficacious health promotion interventions targeting African American women. Clinicians can assist in the co-creation of sacred spaces where women can connect with themselves and each other.

Bartel, M. [Arnold Palmer Hospital for Children and Women, 92 West Miller Street, Orlando, FL 32806]. "**What is spiritual? What is spiritual suffering?**" *The Journal of Pastoral Care & Counseling: JPCC* 58, no. 3 (Fall 2004): 187-201.

[Abstract:] The author offers definitions for "spiritual" and for "spiritual suffering," suggesting that human spiritual needs include Love, Faith, Hope, Virtue, and Beauty. Spiritual suffering is experienced when these needs are unfulfilled. Spiritual care involves assisting in the fulfillment of these needs. He considers the constant movement between spiritual needs and fulfillments, encouraging use of fluid (not static) assessment methods using "spiritual spectra." As a model, this outline of basic spiritual needs may serve as the foundation for many current spiritual assessment tools.

Bell, I. R., Cunningham, V., Caspi, O., Meek, P. and Ferro, L. [Program in Integrative Medicine, The University of Arizona College of Medicine, Tucson, AZ; ibell@u.arizona.edu]. "**Development and validation of a new global well-being outcomes rating scale for integrative medicine research**." *BMC Complementary & Alternative Medicine* 4, no. 1 (Jan 15, 2004): 1. [Available on-line at http://www.biomedcentral.com/content/pdf/1472-6882-4-1.pdf]

The article presents Arizona Integrative Outcomes Scale (AIOS): "a one-item, visual analogue self-rating scale (VAS) with two alternate forms (one for daily ratings…and one for monthly ratings…). The instructions are: 'Please reflect on your sense of well-being, taking into account your physical, mental, emotional, social, and spiritual condition over the past 24 hours [over the past month]. Use an X on the line to mark your answer to the question. Mark the line below with an X at the point that summarizes your overall sense of well-being for the past 24 hours [for the entire month].' The horizontally-displayed VAS is 100 mm in length, with the low anchor being, 'Worst you have ever been' and the high anchor being, 'Best you have ever been.' We evaluated the AIOS against various other measures in three substudies." [—From the Methods section.]

Benjamins, M. R. [Population Research Center, Univ. of Texas at Austin; reindl@prc.utexas.edu]. "**Religion and functional health among the elderly: is there a relationship and is it constant?**" *Journal of Aging & Health* 16, no. 3 (Jun 2004): 355-374.

[Abstract:] OBJECTIVES: Religion significantly influences a variety of health outcomes, especially among the elderly. Few studies have examined how the relationship may differ by age within this age group. It is possible that increasing levels of religiosity within the elderly, or other age-related differences, may strengthen the influence of religion on functional limitations. METHOD: This study used the Assets and Health Dynamics Among the Oldest Old Survey, a nationally representative, longitudinal data set, to estimate the effects of religious attendance and salience on functional ability. RESULTS: More frequent attendance is associated with fewer functional limitations, whereas higher levels of salience are associated with more limitations. No significant age interactions were found. DISCUSSION: Attendance and salience predict the number of functional limitations in the elderly but in different directions. These effects tend to be stable within the elderly population, indicating that further age divisions may not be necessary when examining this relationship in future studies.

Berman, E., Merz, J. F., Rudnick, M., Snyder, R. W., Rogers, K. K., Lee, J., Johnson, D., Mosenkis, A., Israni, A., Wolpe, P. R. and Lipschutz, J. H. [Department of Medical Ethics, University of Pennsylvania, Philadelphia, PA 19104]. "**Religiosity in a hemodialysis population and its relationship to satisfaction with medical care, satisfaction with life, and adherence**." *American Journal of Kidney Diseases* 44, no. 3 (Sep 2004): 488-497.

[Abstract:] BACKGROUND: The religious beliefs and spirituality of patients on hemodialysis (HD) therapy have not been studied extensively. Studies of the dialysis population seem to indicate that religion may be associated with increased patient satisfaction with life and increased levels of social support. METHODS: Using multiple religiosity scales and scales to assess patient satisfaction with life and social support, we studied the relationship between religiosity and medical and/or social factors and adherence to treatment in 74 HD patients. RESULTS: High scores on the Intrinsic Religiosity Scale were associated strongly with high scores on the Satisfaction With Life Scale, whereas age and high Organizational Religious Activity Scale scores were associated strongly with high scores on the Satisfaction With Medical Care Scale. Older age was associated strongly with increased adherence. No relationship existed between religiosity and adherence in our population. CONCLUSION: Religious beliefs are related strongly to measures of satisfaction with life, whereas religious behaviors are related to satisfaction with medical care. Age is the single most important demographic factor associated with adherence. Because of the complex nature of religiosity, additional investigation is in order.

Beveridge, K. and Cheung, M. [901 8th. St. S., Houston, TX]. "**A spiritual framework in incest survivors treatment**." *Journal of Child Sexual Abuse* 13, no. 2 (2004): 105-120. [Review, 72 refs.]

[Abstract:] Through an examination of recent incest treatment development, this article emphasizes the theoretical concept of integration within the treatment process for female adult incest survivors. Spirituality as a therapeutic foundation is discussed with examples of therapeutic techniques. A case study illustrates the psycho-spiritual process of treating a 29-year-old female incest survivor and describes how self-integration has helped this client heal from trauma and change her worldview. Significant outcomes of treatment include the client's gaining of self-awareness and freeing herself from emotional blindness. The recommended practice framework includes a three-step healing process of building alliance with the client in a safe environment, disputing faulty religious assumptions in a learning process, and affirming the needs for reconnection and continuous spiritual support.

Bialk, J. L. [Telemetry Unit, Mary Immaculate Hospital, Bon Secours Health System, Newport News, VA]. "**Ethical guidelines for assisting patients with end-of-life decision making**." *MEDSURG Nursing* 13, no. 2 (Apr 2004): 87-90.

[Abstract:] This brief outline of "best practices" works from a case example and includes consideration of the patient's religious beliefs and connections (*passim*, but see esp. p. 89).

Black, N. [Child and Adolescent Psychiatry Service, Department of Psychiatry, Borden Pavilion/Building 6, Walter Reed Army Medical Center, Washington, DC 20307-5001;. nancy.black@na.amedd.army.mil]. "**Hindu and Buddhist children, adolescents, and families**." *Child & Adolescent Psychiatric Clinics of North America* 13, no. 1 (Jan 2004): 201-220.

[Abstract:] The language of psychotherapy that focuses on the individual may be problematic for Hindu and Buddhist families. The focus on child and adolescent development as a separation-individuation process that moves the child into an independent life with individual goals may run contrary to family cultural values and to the Hindu and Buddhist views of interconnectedness. For the Hindu family, however, when therapy can be seen as being compatible with an evolution toward the higher self and is consistent with the shared sense of family belonging, the goals can be complementary. With the fundamental views in Buddhism that suffering derives from emotional and conceptual misunderstandings and from the resultant actions, and that change is necessary to relieve that suffering, therapy and practice may share goals. The spiritual teachings can work alongside the therapeutic work, and the improved functioning is also spiritual growth.

Bodnaruk, Z. M., Wong, C. J. and Thomas, M. J. [Hospital Information Services for Jehovah's Witnesses (Canada), Georgetown, ON L7G 4Y4, Canada; zbodnaruk@wtbts.ca]. "**Meeting the clinical challenge of care for Jehovah's Witnesses**." *Transfusion Medicine Reviews* 18, no. 2 (Apr 2004): 105-116. [Review; 116 refs.]

[Abstract:] Quality patient care entails more than simply biomedical interventions. Respect for the wishes, values, and preferences of patients are important elements of quality care. Unique aspects of the beliefs of Jehovah's Witnesses may present physicians with ethical and clinical conflicts. Witnesses believe that allogeneic blood transfusion (ie, whole blood, red blood cells, white cells, platelets, and plasma) and preoperative autologous blood deposit (PAD) are prohibited by several Biblical passages. This article reviews the Witness position on medical care, blood components, and fractions, placing these and related interventions into categories that may help physicians to individualize clinical management plans and meet the challenge of caring for patients who are Jehovah's Witnesses. It includes an overview of cost, safety, efficacy, and medicolegal issues related to patient care using transfusion-alternative strategies.

Born, W., Greiner, K. A., Sylvia, E., Butler, J. and Ahluwalia, J. S. [Dept. of Preventive Medicine and Public Health, University of Kansas Medical Center, Kansas City, KS 66160; wborn@kumc.edu]. "**Knowledge, attitudes, and beliefs about end-of-life care among inner-city African Americans and Latinos**." *Journal of Palliative Medicine* 7, no. 2 (Apr 2004): 247-256. Comment on pp. 301-302.

[Abstract:] OBJECTIVE: This project explored end-of-life care preferences and barriers among low-income, urban African Americans and Latino/Hispanic Americans (Latinos) to uncover factors that may influence hospice utilization. METHODS: Focus groups were conducted separately for African Americans (4 groups, n = 26) and Latinos (4 groups, n = 27). Transcripts were coded and analyzed using consensus and triangulation to identify primary themes. RESULTS: Four preference themes and four barriers were identified. Results were largely similar across the two groups. Both preferred having families provide care for loved ones but expressed desire to reduce caretaker burden. Groups emphasized spirituality as the primary means of coping and valued the holistic well-being of the patient and family. Barriers reported were closely tied to access to care. Participants reported low hospice utilization because of lack of awareness of hospice and the prohibitive cost of health care. Latinos were more likely to report language barriers, while African Americans were more likely to report mistrust of the system. CONCLUSIONS: African Americans and Latinos in this study were highly receptive to end-of-life care that would provide relief for patients and caregivers and emphasize spirituality and family consensus. Improving awareness of hospice services would likely increase utilization.

Bregman, L. "**Defining spirituality: multiple uses and murky meanings of an incredibly popular term**." *The Journal of Pastoral Care & Counseling: JPCC* 58, no. 3 (Fall 2004): 157-167.

This editorial by a Professor of Religion at Temple University (Philadelphia PA) sketches the history of the term *spirituality* to its current ascendant position in the literature and describes how its "vague and shifting" (p. 166) meanings work to satisfy multiple needs.

Breitbart, W., Gibson, C., Poppito, S. R. and Berg, A. [Psychiatry Service, Memorial Sloan-Kettering Cancer Center, New York, NY 10021; Breitbaw@mskcc.org]. "**Psychotherapeutic interventions at the end of life: a focus on meaning and spirituality**." *Canadian Journal of Psychiatry - Revue Canadienne de Psychiatrie* 49, no. 6 (Jun 2004): 366-372.

[Abstract:] Medical and psychological discourse on end-of-life care has steadily shifted over the years from focusing primarily on symptom control and pain management to incorporating more person-centred approaches to patient care. Such approaches underscore the significance of spirituality and meaning making as important resources for coping with emotional and existential suffering as one nears death. Though existential themes are omnipresent in end-of-life care, little has been written about their foundations or import for palliative care practitioners and patients in need. In this article, we explore the existential foundations of meaning and spirituality in light of terminal illness and palliative care. We discuss existential themes in terms of patients' awareness of death and search for meaning and practitioners' promotion of personal agency and responsibility as patients face life-and-death issues. Viktor Frankl's existential logotherapy is discussed in light of emerging psychotherapeutic interventions. Meaning-centred group therapy is one such novel modality that has successfully integrated themes of meaning and spirituality into end-of-life care. We further explore spiritual and existential themes through this meaning-oriented approach that encourages dying patients to find meaning and purpose in living until their death.

Britton, W. B. and Bootzin, R. R. [Department of Psychology, University of Arizona, Tucson, AZ; wbritton@u.arizona.edu]. "**Near-death experiences and the temporal lobe**." *Psychological Science* 15, no. 4 (Apr 2004): 254-258.

[Abstract:] Many studies in humans suggest that altered temporal lobe functioning, especially functioning in the right temporal lobe, is involved in mystical and religious experiences. We investigated temporal lobe functioning in individuals who reported having transcendental "near-death experiences" during life-threatening events. These individuals were found to have more temporal lobe epileptiform electroencephalographic activity than control subjects and also reported significantly more temporal lobe epileptic symptoms. Contrary to predictions, epileptiform activity was nearly completely lateralized to the left hemisphere. The near-death experience was not associated with dysfunctional stress reactions such as dissociation, posttraumatic stress disorder, and substance abuse, but rather was associated with positive coping styles. Additional analyses revealed that near-death experiencers had altered sleep patterns, specifically, a shorter duration of sleep and delayed REM sleep relative to the control group. These results suggest that altered temporal lobe functioning may be involved in the near-death experience and that individuals who have had such experiences are physiologically distinct from the general population.

Broccolo, G. T. and VandeCreek, L. [Catholic Health Initiatives, Denver, CO 80202]. "**How are health care chaplains helpful to bereaved family members? Telephone survey results**." *The Journal of Pastoral Care & Counseling: JPCC* 58, nos. 1-2 (Spring-Summer 2004): 31-39.

[Abstract:] After conducting telephone interviews with 130 next-of-kin whose loved one died, the authors report whether and how chaplains were helpful to these family members. Analysis of their responses indicated that chaplains were helpful in five ways. They provided comfort and support; they helped family members with details before, during, and after death; they acted as surrogate family members until other loved ones arrived; their availability provided a safety net even if contact was limited; and they functioned as a spiritual figure who provided the transition of the patient from earth to heaven. Family members rated the helpfulness of chaplains as midway between very good and excellent.

Brody, H., Cardinal, J. L. and Foglio, J. P. [Department of Family Practice, Michigan State University, East Lansing, MI 48824; brody@msu.edu]. "**Addressing spiritual concerns in family medicine: a team approach**." *Journal of the American Board of Family Practice* 17, no. 3 (May-Jun 2004): 201-206.

[Abstract:] Spiritual conflicts and concerns often accompany serious illness, but many family physicians are slow to recognize these concerns or unsure how to address them. The case of a patient with spinal cord injury and who later developed an astrocytoma is used to illustrate a team approach that involved a family physician, a spiritual counselor, and a psychologist. Narrative writing exercises in which the patient was encouraged to tell his own story also played a role in treatment. The case report includes the patient's own description of his experience with spirituality and spiritual counseling, as well as the perspectives of the spiritual counselor.

Brown, B. S., O'Grady, K., Battjes, R. J. and Farrell, E. V. [Department of Psychology, University of North Carolina at Wilmington, Wilmington, NC; brownb@uncwil.edu]. "**Factors associated with treatment outcomes in an aftercare population**." *American Journal on Addictions* 13, no. 5 (Oct-Dec 2004): 447-460.

[Abstract:] This study examined six-month outcomes for 194 criminal justice clients exiting outpatient drug-free treatment and assigned to aftercare or standard treatment. It compared sub-samples of those achieving positive (n=111) and negative outcomes (n=59), as defined by drug and alcohol use and arrests. Psychological variables and attendance at religious services distinguished significantly between groups. Predictor variables developed from that comparison were employed in logistic regression analyses making use of the full sample. Aftercare was found to be particularly significant for reduction in drug use, with optimism/pessimism about one's future and religious observance also significant predictors for substance use.

Brown, S. L., Nesse, R. M., House, J. S. and Utz, R. L. [Institute for Social Research, The University of Michigan, Ann Arbor, MI 48106-1248; stebrown@isr.umich.edu]. "**Religion and emotional compensation: results from a prospective study of widowhood**." *Personality & Social Psychology Bulletin* 30, no. 9 (Sep 2004): 1165-1174.

[Abstract:] Based on recent applications of attachment theory to religion, the authors predicted that the loss of a spouse would cause widowed individuals to increase the importance of their religious/spiritual beliefs. This hypothesis was examined using the Changing Lives of Older Couples sample from which preloss measures of religiosity were available for widowed individuals and matched controls. A total of 103 widowed individuals provided follow-up data, including reports of religious beliefs and grief, at 6 months, 24 months, and 48 months after the loss. Results indicated that widowed individuals were more likely than controls to increase their religious/spiritual beliefs. This increase was associated with decreased grief but did not influence other indicators of adjustment such as depression. Finally, insecure individuals were most likely to benefit from increasing the importance of their beliefs. Results are discussed in terms of the potential value of applying psychological theory to the study of religion.

Callister, L. C., Bond, A. E., Matsumura, G. and Mangum. S. [Brigham Young University College of Nursing, Provo, UT 84602; Lynn_Callister@byu.edu]. "**Threading spirituality throughout nursing education**." *Holistic Nursing Practice* 18, no. 3 (May-Jun 2004): 160-166. [Review; 42 refs.]

[Abstract:] In a survey of 132 baccalaureate nursing programs in the United States, few had defined spirituality or spiritual nursing care. There is a paucity of literature on spirituality in nursing education. This article describes the integration of spirituality in a baccalaureate nursing program. Interventions such as establishing a trusting relationship, providing and facilitating a supportive spiritual environment, responding sensitively to the patient's spiritual and cultural belief systems, demonstrating caring, acknowledging the importance of "presence" during spiritual distress, and integrating spirituality into the plan of care are reflected in student clinical journal entries.

Carter, B. S. [Division of Neonatology, Vanderbilt University Medical Center, Nashville, TN 37232-2370]. "**Providing palliative care for newborns**." *Pediatric Annals* 33, no. 11 (Nov 2004): 770-777.

[Abstract:] Palliative care principles may be applied in the NICU, may be necessary, and may benefit from the contributions of community pediatricians who have a relationship with families undergoing these tragic circumstances. Clinicians across varied disciplines can cooperate to provide an environment in the delivery room or NICU where palliative care can be integrated into patient and family care plans regardless of whether the treatment goal is obtaining a cure, prolonging life, or exclusively palliation and comfort until an expected death. Regardless of the site of care, the best interests of the patient remain the focus of such care. This care should be consistent with the goals and preferences of the family, and respectful of their culture and faith traditions. The physical comfort of the infant and the emotional, psychosocial, and spiritual well-being of his/her family (including siblings and grandparents) all require active management and support. Finally, bereavement support should be provided following an infant's death to help families integrate their loss into their lives.

Carter, D. J. and Rashidi, A. [University of Nebraska-Omaha, Kayser Hall 421, Omaha, NE 68182; dcarter@mail.unomaha.edu]. "**East meets West: integrating psychotherapy approaches for Muslim women."** *Holistic Nursing Practice* 18, no. 3 (May-Jun 2004): 152-159. [Review; 33 refs.]

[Abstract:] Psychotherapists' knowledge and understanding of Muslim women's culture is essential for them to effectively treat patients. Muslim women's culture is based on Islam, which permeates their thinking patterns, their interaction with themselves and others, and all activities of their daily lives. Western psychotherapy ineffectively treats Muslim women because its individualistic and fragmented method is contrary to the Muslim population's holistic spiritual approach to life. This article provides a theoretical integration of Eastern and Western therapeutic concepts for Muslim women, to promote a more effective therapeutic approach for this population residing in the United States.

Cavendish, R., Luise, B. K., Russo, D., Mitzeliotis, C., Bauer, M., McPartlan-Bajo, M. A., Calvino, C., Horne, K. and Medefindt, J. [Department of Nursing, College of Staten Island City University of New York, NY]. "**Spiritual perspectives of nurses in the United States relevant for education and practice**." *Western Journal of Nursing Research* 26, no. 2 (Mar 2004): 196-212. [Discussion on pp. 213-221.]

[Abstract:] The purpose of the current study was to describe nurses' spiritual perspectives as they relate to education and practice. A multiple triangulation research design encompassing a questionnaire and a descriptive qualitative content analysis were used with the purpose of capturing a more complete, holistic, and contextual description of nurses' spiritual perspectives. Multiple triangulation included two data sources, two methodological approaches, and nine investigators. Using survey methods, Reed's Spiritual Perspective Scale (SPS) was sent to 1,000 members of Sigma Theta Tau International Nursing Honor Society (STTI). Results support Reed's premise that spirituality permeates one's life. Regardless of gender, participants with a religious affiliation had significantly higher SPS scores than those without one. Nurses having a spiritual base use it in practice. Six themes emerged from the qualitative analysis: Nurses perceive spirituality as strength, guidance, connectedness, a belief system, as promoting health, and supporting practice. The integration of spirituality in nursing curriculums can facilitate spiritual care.

Chally, P. S. and Carlson, J. M. [School of Nursing, University of North Florida, Jacksonville, FL 32224; pchally@unf.edu]. "**Spirituality, rehabilitation, and aging: a literature review**." *Archives of Physical Medicine & Rehabilitation* 85, no. 7, suppl. 3 (Jul 2004): S60-S65; quiz S66-S67. [Review; 48 refs.]

[Abstract:] This focused review highlights the role of spirituality in rehabilitation. It is part of the study guide on geriatric rehabilitation in the Self-Directed Physiatric Education Program for practitioners and trainees in physical medicine and rehabilitation. This article specifically focuses on spirituality, rehabilitation, aging, and research. OVERALL LEARNING OBJECTIVE: To identify the current state of knowledge regarding the relationships among rehabilitation, spirituality, and aging.

Chapp, S. L. [University of Wisconsin, Oshkosh, WI]. "**Women's experience with breast biopsy**." *AORN Journal* 80, no. 5 (Nov 2004): 885-901.

This qualitative study of 22 women, interviews revealed that for a number of them spirituality "helped them through their experience" of breast cancer; and this is noted as a theme of "transcendental equity" under the category of "justice" in the author's analysis [p. 895]. "Some of the women said their ordeals brought them closer to God. Others said they were close to Him already, and this experience reaffirmed their faith. Most of the women whose lesions were benign mentioned thanking God for their results. Those with malignant lesions called on God to help them cope with the diagnosis"` [p. 895].

Chibnall, J. T., Bennett, M. L., Videen, S. D., Duckro, P. N. and Miller, D. K. [Department of Psychiatry, Saint Louis University School of Medicine, St. Louis, MO]. "**Identifying barriers to psychosocial spiritual care at the end of life: a physician group study**." *American Journal of Hospice & Palliative Care* 21, no. 6 (Nov-Dec 2004): 419-426.

[Abstract:] OBJECTIVE: The recent literature addresses the need to improve care for dying patients. The purpose of this study was to identify barriers to the psychosocial spiritual care of these patients by their physicians. Psychosocial spiritual care is defined as aspects of care concerning patient emotional state, social support and relationships, and spiritual well-being. The study was an exploratory means for generating hypotheses and identifying directions for interventions, research, and training in care for the dying. DESIGN AND PARTICIPANTS: The study used a qualitative group discussion format. Seventeen physicians at a university-based health sciences center representing 10 areas of medical specialty--including internal medicine, oncology, pediatrics, and geriatrics met in two groups for 20 75-minute discussion sessions over the course of one year. Discussions were recorded, analyzed, and categorized. RESULTS: Barriers to psychosocial

spiritual care were grouped into three domains and seven themes. The cultural domain included the themes of training, selection, medical practice environment, and debt/delay. Participants believed that medical selection and training combine to marginalize psychosocial spiritual approaches to patient care, while the practice environment and debt/delay augment emotional isolation and dampen idealism. The organizational domain included the themes of dissatisfaction and time/business. Physicians indicated that the current reimbursement climate and time pressures contribute to dissatisfaction and the tendency to avoid patient psychosocial spiritual issues. The clinical domain included the theme of communication. Physicians were concerned about their ability to communicate nonmedical issues effectively and manage the patient s reactions and needs in the psychosocial spiritual arena. CONCLUSIONS: This study suggests that research and educational approaches to improving the psychosocial spiritual care of the dying by physicians should address barriers at the cultural, organizational, and clinical levels. Suggestions for interventions at various levels are offered.

Chiu, L., Emblen, J. D., Van Hofwegen, L., Sawatzky, R. and Meyerhoff, H. [School of Nursing, University of British Columbia, Vancouver, Canada]. "**An integrative review of the concept of spirituality in the health sciences**." *Western Journal of Nursing Research* 26, no. 4 (Jun 2004): 405-428. [Review; 88 refs.]

[Abstract:] Spirituality is a universal human phenomenon, yet confusion and incomprehension of the concept is ever-present. The purpose of this study was to explore how research on the concept of spirituality has been reported in the health literature in the past decade and develop an ontological and theoretical understanding of spirituality. The examination was based on quantitative and qualitative integrative review approaches, which integrated empirical research on spirituality. The sample included 73 spirituality research articles, which were published in English between January 1990 and September 2000. An electronic data-collection tool was designed for use in this project and formatted using Excel software for transfer of coded data into the Nvivo software for the data analysis. The results identified essential elements of spirituality, current use of operational definitions and instruments, conceptual frameworks used in spirituality research, and cultural aspects of spirituality. Historical comparison among decades and barriers in researching spirituality are discussed.

Clarke, E. B., Luce, J. M., Curtis, J. R., Danis, M., Levy, M., Nelson, J., Solomon, M. Z. (Robert Wood Johnson Foundation Critical Care End-of-Life Peer Workgroup). [Department of Critical Care Medicine, Brown University, Rhode Island Hospital, Providence, RI; pinzetta@comcast.net]. "**A content analysis of forms, guidelines, and other materials documenting end-of-life care in intensive care units**." *Journal of Critical Care* 19, no. 2 (Jun 2004): 108-117.

[From the abstract:] The purpose of this study was to determine the extent to which data entry forms, guidelines, and other materials used for documentation in intensive care units (ICUs) attend to 6 key end-of-life care (EOLC) domains: 1) patient and family-centered decision making, 2) communication, 3) continuity of care, 4) emotional and practical support, 5) symptom management and comfort care, and 6) spiritual support. A second purpose was to determine how these materials might be modified to include more EOLC content and used to trigger clinical behaviors that might improve the quality of EOLC. PARTICIPANTS: Fifteen adult ICUs-8 medical, 2 surgical, and 4 mixed ICUs from the United States, and 1 mixed ICU in Canada, all affiliated with the Critical Care End-of-Life Peer Workgroup. … The domain of symptom management and comfort care was integrated most consistently on forms and other materials across the 15 ICUs, particularly pain assessment and management. The 5 other EOLC domains of patient and family centered decision-making, communication, emotional and practical support, continuity of care, and spiritual support were not well-represented on documentation. None of the 15 ICUs supplied a comprehensive EOLC policy or EOLC critical pathway that outlined an overall, interdisciplinary, sequenced approach for the care of dying patients and their families.

Coleman, C. L. [Virginia Commonwealth University, School of Nursing, Richmond, VA; clcoleman@vcu.edu]. "**The contribution of religious and existential well-being to depression among African American heterosexuals with HIV infection**." *Issues in Mental Health Nursing* 25, no. 1 (Jan-Feb 2004): 103-110.

[Abstract:] The AIDS crisis has challenged black churches to examine how to provide spiritual support to individuals who are living with HIV. The dilemmas facing some black churches have been specifically related to providing support without embracing homosexuality. The doctrine guiding some black churches has caused psychological discomfort for both homosexual and heterosexual HIV infected individuals because of the stigma associated with HIV. Previous research showed that heterosexuals reported more distress than homosexuals. The purpose of this study was to examine a subset of African Americans (n = 49) who were heterosexual. Data were drawn from a larger data set (N = 117) collected in California. All participants were HIV seropositive or had AIDS. A questionnaire examining existential and religious well-being, demographic variables, and depression was administered. Religious well-being and existential well-being together explained 32% of the variance in depression. Implications for mental health nurses are discussed.

Conner, N. E. and Eller, L. S. [College of Nursing, University of South Florida, Tampa, Florida 33612; nconner@hsc.usf.edu]. "**Spiritual perspectives, needs and nursing interventions of Christian African-Americans**." *Journal of Advanced Nursing* 46, no. 6 (Jun 2004): 624-632.

[Abstract:] BACKGROUND: Although the amount of literature on spiritual needs and care has increased, in practice there has been little change in how nurses assess spiritual need. This suggests that not all spiritual needs of patients are being addressed. Based on the assumption that spiritual needs vary by culture, this study focused on one subgroup, namely Christian African-Americans. AIMS: The aim of this paper is to report a study examining spiritual perspectives, spiritual needs and desired nursing interventions during hospitalization identified by Christian African-Americans. METHODS: A descriptive correlational design was employed. A convenience sample (n = 44) was recruited from three African-American churches. Descriptive statistics were calculated, and one-way anovas used to examine spiritual perspectives and spiritual values. Content analysis was used to analyse and summarize qualitative data. Instruments included the Spiritual Perspective Scale (SPS) and two open-ended questions. RESULTS: The mean age of participants was 56 years (range 19-84). The majority was female (86%); 71% of respondents strongly agreed that they had spiritual needs to be met during hospitalization. Mean score for the SPS was 5.7 (sd = 0.36). Respondents used a total of 103 phrases to describe spiritual needs, based on three dimensions of connectedness: connectedness to God (50 phrases), connectedness to others (37 phrases) and connectedness to self (16 phrases). Desired nursing interventions included: participating in spiritual activities (n = 41); demonstrating caring qualities (n = 27); providing comforting measures (n = 13); providing reassurance (n = 9); recognizing the spiritual caregiver role (n = 7); and incorporating diversity in care (n = 3). CONCLUSIONS: The findings provide information for nurses to facilitate development of culturally appropriate spiritual nursing interventions.

Consedine, N. S., Magai, C. and King, A. R. [Long Island University, New York; nconsedi@liu.edu]. **"Deconstructing positive affect in later life: a differential functionalist analysis of joy and interest**." *International Journal of Aging & Human Development* 58, no. 1 (2004): 49-68.

[Abstract:] Positive affect, an index of psychological well-being, is a known predictor of functionality and health in later life. Measures typically studied include joy, happiness, and subjective well-being, but less often interest--a positive emotion with functional properties that differ from joy or happiness. Following differential emotions theory, the present study measured trait joy and interest in a population-based sample of 1,118 adults aged 65-86 years. As predicted, trait joy was associated with greater religious participation, while trait interest was associated with greater education. Joy was associated with lower morbidity and stress while interest was not. Interest was, in fact, associated with greater stress. Both emotions were positively associated with social support. We use the pattern of predictors to develop a functionalist conceptualization of these two emotions in later life, concluding that it is worthwhile to treat interest and joy as partially-independent positive affects contributing differentially to human emotionality and later life adaptation.

Contrada, R. J., Goyal, T. M., Cather, C., Rafalson, L., Idler, E. L. and Krause, T. J. [Department of Psychology, Rutgers, The State University of New Jersey, Piscataway, NJ 08854-8040; contrada@rci.rutgers.edu]. "**Psychosocial factors in outcomes of heart surgery: the impact of religious involvement and depressive symptoms**." *Health Psychology* 23, no. 3 (May 2004): 227-238. Comment on pp. 329-342.

[Abstract:] This article reports a prospective study of religiousness and recovery from heart surgery. Religiousness and other psychosocial factors were assessed in 142 patients about a week prior to surgery. Those with stronger religious beliefs subsequently had fewer complications and shorter hospital stays, the former effect mediating the latter. Attendance at religious services was unrelated to complications but predicted longer hospitalizations. Prayer was not related to recovery. Depressive symptoms were associated with longer hospital stays. Dispositional optimism, trait hostility, and social support were unrelated to outcomes. Effects of religious beliefs and attendance were stronger among women than men and were independent of biomedical and other psychosocial predictors. These findings encourage further examination of differential health effects of the various elements of religiousness.

Cook, C. C. [St. Chad's College, Durham, UK; c.c.h.cook@durham.ac.uk]. "**Addiction and spirituality**." *Addiction* 99, no. 5 (May 2004): 539-551. [Review; 30 refs.]

[Abstract:] BACKGROUND: Spirituality is a topic of increasing interest to clinicians and researchers interested in addiction. AIMS: To clarify the way(s) in which the concept of spirituality is understood and employed in practice by clinicians and researchers who publish papers on addiction and spirituality, and to develop a definition or description of spirituality which might receive widespread assent within the field. DESIGN: A descriptive study of 265 published books and papers on spirituality and addiction. FINDINGS: The study revealed a diversity and lack of clarity of understanding of the concept of spirituality. However, it was possible to identify 13 conceptual components of spirituality which recurred within the literature. Among these conceptual components of spirituality, 'relatedness' and 'transcendence' were encountered most frequently. 'Meaning/purpose', 'wholeness (non-)religiousness' and 'consciousness' were encountered less frequently in the papers on addiction and spirituality than in an unsystematically ascertained sample of papers concerned with spirituality in relation to other areas of psychology and medicine. However, biases in the literature are notable. For example, the great majority of publications are from North America and the field is dominated by interest in Twelve-Step and Christian spirituality. CONCLUSION: Spirituality, as understood within the addiction field, is currently poorly defined. Thirteen conceptual components of spirituality which are employed in this field are identified provisionally and a working definition is proposed as a basis for future research.

Coon, D. W., Rubert, M., Solano, N., Mausbach, B., Kraemer, H., Arguelles, T., Haley, W. E., Thompson, L. W. and Gallagher-Thompson, D. [VA Palo Alto Health Care System, Stanford University School of Medicine, CA; dcoon@ioaging.org]. "**Well-being, appraisal, and coping in Latina and Caucasian female dementia caregivers: findings from the REACH study**." *Aging & Mental Health* 8, no. 4 (Jul 2004): 330-345. [See also, Haley, et al., "Well-being, appraisal, and coping in African-American and Caucasian dementia caregivers: findings from the REACH study." Aging & Mental Health 8, no. 4 (Jul 2004): 316-329; noted in this bibliography.]

This study of 191 Latina and 229 Caucasian female dementia family caregivers from Miami, Florida and Northern California indicated that [from the abstract:] …Latina caregivers reported lower appraisals of stress, greater perceived benefits of caregiving, and greater use of religious coping than Caucasian caregivers.

Coulson, I., Strang, V., Marino, R. and Minichiello, V. [University of Prince Edward Island, 550 University Avenue, Charlottetown, PEI, Canada C1A 4P3; irene@iandjcoulson.ca]. "**Knowledge and lifestyle behaviors of healthy older adults related to modifying the onset of vascular dementia**." *Archives of Gerontology & Geriatrics* 39, no. 1 (Jul-Aug 2004): 43-58.

[From the abstract:] …Data were derived from a convenience sample of 281 Canadian participants 55 years of age and older. Lifestyle was measured using the health-promoting lifestyle profile (HPLP). …The study argues that health professionals and health education programs can better promote and increase awareness of healthy lifestyle behaviors by assisting older adults to apply this knowledge in their daily lives. Specifically, the study discusses policy and practice implications with regards to lifestyle issues relating to health responsibility, physical activity, spirituality, stress management, interpersonal relationships and nutrition.

Curlin, F. A. and Moschovis, P. P. [Department of Medicine, Section of General Internal Medicine, University of Chicago, IL]. "**Is religious devotion relevant to the doctor-patient relationship?**" *Journal of Family Practice* 53, no. 8 (Aug 2004): 632-636.

The authors address the subject generally and offer specific practice recommendations. Twenty-three references.

Curtis, J. R., Engelberg, R. A., Nielsen, E. L., Au, D. H. and Patrick, D. L. [Division of Pulmonary and Critical Care Medicine, Dept. of Medicine, School of Medicine, Seattle, WA 98104; jrc@u.washington.edu]. "**Patient-physician communication about end-of-life care for patients with severe COPD**." *European Respiratory Journal* 24, no. 2 (Aug 2004): 200-205.

[Abstract:] Since patients with chronic obstructive pulmonary disease (COPD) infrequently discuss treatment preferences about end-of-life care with physicians, the goal of the present study was to identify which specific areas of communication about end-of-life care occur between patients with severe COPD and their physicians, and how patients rate the quality of this communication. A total of 115 patients with oxygen-dependent COPD, identified in pulmonary clinics in three hospitals and through an oxygen delivery company, were enrolled in this study. A

17-item quality of communication questionnaire (QOC) was administered to patients, along with other measures, including satisfaction with care. The patients reported that most physicians do not discuss how long the patients have to live, what dying might be like or patients' spirituality. Patients rated physicians highly at listening and answering questions. Areas patients rated relatively low included discussing prognosis, what dying might be like and spirituality/religion. Patients' assessments of physicians' overall communication and communication about treatment correlated well with the QOC. Patients' overall satisfaction with care also correlated significantly with the QOC. In conclusion, this study identifies areas of communication that physicians do not address and areas that patients rate poorly, including talking about prognosis, dying and spirituality. These areas may provide targets for interventions to improve communication about end-of-life care for patients with chronic obstructive pulmonary disease. Future studies should determine the responsiveness of these items to interventions, and the effect such interventions have on patient satisfaction and quality of care.

Daaleman, T. P. [Department of Family Medicine, University of North Carolina, Chapel Hill, NC 27599-7595; tim_daaleman@med.unc.edu]. "**Religion, spirituality, and the practice of medicine**." *Journal of the American Board of Family Practice* 17, no. 5 (Sep-Oct 2004): 370-376.

[Abstract:] Physicians are confronted with new information from the popular media, peer-reviewed journals, and their patients regarding the association of religious and spiritual factors with health outcomes. Although religion and spirituality have become more visible within health care, there are considerable ethical issues raised when physicians incorporate these dimensions into their care. Spiritualities are responsive to patient needs by offering beliefs, stories, and practices that facilitate the creation of a personally meaningful world, a constructed "reality" in the face of illness, disability, or death. It is largely through narrative that physicians incorporate into the health care encounter the spiritualities that are central to their patients' lived experience of illness and health.

Daaleman, T. P. and Frey, B. B. [Department of Family Medicine, Program on Aging, Disability, and Long-Term Care, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7595; tim_daaleman@med.unc.edu]. "**The Spirituality Index of Well-Being: a new instrument for health-related quality-of-life research**." *Annals of Family Medicine* 2, no. 5 (Sep-Oct 2004): 499-503.

[Abstract:] PURPOSE: Despite considerable interest in examining spirituality in health-related quality-of-life studies, there is a paucity of instruments that measure this construct. The objective of this study was to test a valid and reliable measure of spirituality that would be useful in patient populations. METHODS: We conducted a multisite, cross-sectional survey using systematic sampling of adult outpatients at primary care clinic sites in the Kansas City metropolitan area (N = 523). We determined the instrument reliability (Cronbach's alpha, test-retest) and validity (confirmatory factor analysis, convergent and discriminant validation) of the Spirituality Index of Well-Being (SIWB). RESULTS: The SIWB contains 12 items: 6 from a self-efficacy domain and 6 from a life scheme domain. Confirmatory factor analysis found the following fit indices: chi2 (54, n = 508) = 508.35, P < .001; Comparative Fit Index = .98; Tucker-Lewis Index = .97; root mean square error of approximation = .13. The index had the following reliability results: for the self-efficacy subscale, alpha = .86 and test-retest r = 0.77; for the life scheme subscale, alpha = .89 and test-retest r = 0.86; and for the total scale alpha = .91 and test-retest r = 0.79, showing very good reliability. The SIWB had significant and expected correlations with other quality-of-life instruments that measure well-being or spirituality: Zung Depression Scale (r = 0-.42, P < .001), General Well-Being Scale (r = 0.64, P < .001), and Spiritual Well-Being Scale (SWB) (r = 0.62, P < .001). There was a modest correlation between the religious well-being subscale of the SWB and the SIWB (r = 0.35, P < .001). CONCLUSIONS: The Spirituality Index of Well-Being is a valid and reliable instrument that can be used in health-related quality-of-life studies.

Daaleman, T. P., Perera, S. and Studenski, S. A. [Department of Family Medicine, University of North Carolina, Chapel Hill, NC 27599-7595; tim_daaleman@med.unc.edu]. "**Religion, spirituality, and health status in geriatric outpatients**." *Annals of Family Medicine* 2, no. 1 (Jan-Feb 2004): 49-53. (Erratum appears in vol. 2, no. 2 (Mar-Apr 2004): 179.)

[Abstract:] BACKGROUND: Religion and spirituality remain important social and psychological factors in the lives of older adults, and there is continued interest in examining the effects of religion and spirituality on health status. The purpose of this study was to examine the interaction of religion and spirituality with self-reported health status in a community-dwelling geriatric population. METHODS: We performed a cross-sectional analysis of 277 geriatric outpatients participating in a cohort study in the Kansas City area. Patients underwent a home assessment of multiple health status and functional indicators by trained research assistants. A previously validated 5-item measure of religiosity and 12-item spirituality instrument were embedded during the final data collection. Univariate and multivariate analyses were performed to determine the relationship between each factor and self-reported health status. RESULTS: In univariate analyses, physical functioning (P < .01), quality of life (P < .01), race (P < .01), depression (P < .01), age (P = .01), and spirituality (P < .01) were all associated with self-reported health status, but religiosity was not (P = .12). In a model adjusted for all covariates, however, spirituality remained independently associated with self-appraised good health (P = .01). CONCLUSIONS: Geriatric outpatients who report greater spirituality, but not greater religiosity, are more likely to appraise their health as good. Spirituality may be an important explanatory factor of subjective health status in older adults.

Dahl, M. [MKDahl@bigzoo.net]. "**Middle Eastern nutrition**." *Health Care Food & Nutrition Focus* 21, no. 5 (May 2004): 6-8.

This is a brief overview for clinicians caring for patients in the US who are of Middle Eastern descent. It contains a helpful Arabic Food Guide Pyramid [p. 8]. The article does not address spirituality per se, but its applicability to cultural diversity issues connected with spiritual traditions is obvious.

Dalton, S. D. "**'Doc, we need to pray**.'" *Medical Economics* 81, no. 1 (Jan 9, 2004): 83-84.

[Abstract:] It's never easy for patients to learn they have cancer - and it's never easy for doctors to tell them. Patients who have a spiritual connection handle a terminal diagnosis better than those who don't. While physicians routinely prescribe exercise and other remedies to improve patients' lives, they're reluctant to promote the positive benefits of spiritual development. Perhaps the fear stems from a reluctance to have their busy lives interrupted. Doctors should be sufficiently comfortable with their own spirituality to offer a dying patient the simple comfort of a prayer.

Daniels, M., Merrill, R. M., Lyon, J. L., Stanford, J. B., White, G. L. Jr. [Department of Family and Preventive Medicine, School of Medicine, University of Utah, Salt Lake City, UT]. "**Associations between breast cancer risk factors and religious practices in Utah**." *Preventive Medicine* 38, no. 1 (Jan 2004): 28-38.

[Abstract:] BACKGROUND: Utah has the lowest female malignant breast cancer incidence rates in the United States, due in part to low rates among women who are members of the Church of Jesus Christ of Latter-day Saints (LDS or Mormon). Several established reproductive and non-reproductive breast cancer risk factors may be lower among LDS women because of their religious doctrine related to marriage, family, and health. This paper investigates the association between selected breast cancer risk factors and religious preference and religiosity in Utah. METHODS: A 37-item anonymous cross-sectional telephone survey was developed and conducted during March and April 2002. Results are based on 848 non-Hispanic white female respondents. RESULTS: Number of births (parity), prevalence of breastfeeding, and lifetime total duration of breastfeeding were highest among LDS women who attended church weekly. Average months of breastfeeding per child were greatest among weekly church attendees, regardless of religious preference. Oral contraceptive use and total duration of hormone replacement therapy use were greatest for individuals of any religion attending church less than weekly and for individuals with no religious preference. Comparisons of divergent reproductive behaviors between LDS and non-LDS, and between weekly and less than weekly church goers, provide strong support for the relatively low breast cancer incidence rates previously identified among LDS and, therefore, in Utah. CONCLUSIONS: High parity and breastfeeding coincide with comparatively low breast cancer incidence rates among LDS and are consistent with recent findings of the Collaborative Group on Hormonal Factors in Breast Cancer, showing the primary role parity and breastfeeding play in reducing breast cancer.

Dann, N. J. and Mertens, W. C. [Baystate Regional Cancer Program, Baystate Medical Ctr., Springfield, MA; nancy.dann@bhs.org]. "**Taking a 'leap of faith': acceptance and value of a cancer program-sponsored spiritual event**." *Cancer Nursing* 27, no. 2 (Mar-Apr 2004): 134-141; quiz 142-143.

[Abstract:] Investigations of spiritual interventions for cancer patients are disproportionately few compared to the reported importance of religion to Americans. We report on the implementation and evaluation of a spiritual, community-based intervention developed with interdenominational community clergy. Approximately 1200 people attended a total of 3 gatherings: 2 at Roman Catholic and another at a Protestant Church. Respondents to questionnaires evaluating attendee characteristics and satisfaction (n = 209) were predominantly women (85%); 50% were patients and 45% were aged 60 years and older. Men were more likely to be currently under treatment for cancer, while women were more likely to be past patients or friends. Fewer than 2% felt anger or anxiety; attendees felt the service was very (90%) or somewhat (9.5%) helpful and expressed appreciation for cancer program clinician attendance and for hospital sponsorship of the event. Components in order of preference were prayer, music, Scripture, and litany. Logistic regression models reveal that music was most appreciated by previously treated patients, and prayer by currently treated patients. Secular healthcare systems can offer a religious service that comforts and links attendees to a broader community, including clergy and cancer program clinicians. Surveys can identify service components that appeal to differing groups and can facilitate service development.

Dedert, E. A., Studts, J. L., Weissbecker, I., Salmon, P. G., Banis, P. L. and Sephton, S. E. [University of Louisville, KY]. "**Religiosity may help preserve the cortisol rhythm in women with stress-related illness**." *International Journal of Psychiatry in Medicine* 34, no. 1 (2004): 61-77.

[Abstract:] OBJECTIVE: Fibromyalgia has been characterized as a basic disorder of endocrine stress responses in which psychological stress has been linked both with etiology and symptom severity. This study investigated associations of religiosity and spirituality with psychological and physiological (endocrine) measures of stress in a sample of women with fibromyalgia. METHOD: Ninety-one participants provided self-reports of religiosity and spirituality using the Duke University Religion Index (DUREL) and the Index of Core Spiritual Experiences (INSPIRIT). Psychological outcomes were measured with the Perceived Stress Scale (PSS), and diurnal salivary cortisol profiles were measured as an indicator of neuroendocrine regulation. RESULTS: Hierarchal regression analyses controlling for age and medications likely to affect cortisol levels revealed significant associations of nonorganizational religiosity and intrinsic religiosity with the diurnal cortisol rhythm. Patients reporting medium or high religiosity had rhythmic cortisol profiles characterized by high morning and low evening levels. In contrast, cortisol rhythms of those reporting low religiosity appeared flattened. The association between intrinsic religiosity and cortisol rhythm persisted after controlling for social support. No significant effects of religiosity or spirituality on perceived stress were observed. CONCLUSIONS: These data suggest that religiosity may have a protective effect on the physiological effects of stress among women with fibromyalgia.

Dell, M. L. [Department of Psychiatry and Behavioral Sciences, National Medical Center, George Washington University School of Medicine, Washington, DC 20010; dellml@comcast.net]. "**Religious professionals and institutions: untapped resources for clinical care**." *Child & Adolescent Psychiatric Clinics of North America* 13, no. 1 (Jan 2004): 85-110.

[Abstract:] In the vast majority of situations, religious professionals and institutions are competent, caring, and respectful of child and adolescent psychiatrists and mental health workers and welcome the opportunity to collaborate to meet the religious/spiritual, medical, physical, and emotional needs of children, adolescents, and families. Clinicians are well advised to familiarize themselves with the religious professionals, institutions, and resources in the geographic areas in which they practice.

Della Santina, C. and Bernstein, R. H. [Department of Internal Medicine, Kaiser Permanente, Mid Atlantic States, INOVA Fairfax Hospital, 3300 Gallows Road, Falls Church, VA 22046; Christopher.dellasantina@kp.org]. "**Whole-patient assessment, goal planning, and inflection points: their role in achieving quality end-of-life care**." *Clinics in Geriatric Medicine* 20, no. 4 (Nov 2004): 595-620, v. [Review, 76 refs.]

This article discusses patient spirituality and spiritual assessment (--see especially pp. 608-610) within [from the abstract:] a framework for performing whole-patient assessment and goal planning.

Dermatis, H., Guschwan, M. T., Galanter, M. and Bunt, G. [Division of Alcoholism and Drug Abuse, Department of Psychiatry, New York University Medical Center/Bellevue Hospital Center, New York 10016]. "**Orientation toward spirituality and self-help approaches in the therapeutic community**." *Journal of Addictive Diseases* 23, no. 1 (2004): 39-54.

[Abstract:] Although Alcoholics Anonymous and other Twelve-Step interventions are among the most widely utilized self-help options by persons with chemical dependency, little is known concerning whether this approach should be integrated with non-spirituality based self-help approaches. The purpose of this study was to assess the extent to which clients receiving inpatient treatment in a residential therapeutic community (TC) felt that spirituality based interventions should be featured in TC treatment. Three hundred twenty-two members of the Daytop TC completed a survey assessing personal orientation to spirituality and attitudes towards spirituality based treatments. The majority of clients believed that the TC program should feature spirituality more in treatment. Nearly half agreed that the Twelve-Step (AA) approach

should be more a part of TC treatment. Preference for Twelve-Step meeting interventions was positively correlated with past attendance at Twelve-Step meetings. Personal spiritual orientation to life was positively correlated with endorsement of spirituality based interventions in TC treatment. These findings highlight the importance of integrating treatment approaches which address the spiritual needs of TC residents.

Dessio, W., Wade, C., Chao, M., Kronenberg, F., Cushman, L. E. and Kalmuss, D. [Stony Brook School of Medicine, Stony Brook University, State University of New York]. "**Religion, spirituality, and healthcare choices of African-American women: results of a national survey**." *Ethnicity & Disease* 14, no. 2 (Spring 2004): 189-197.

[Abstract:] OBJECTIVE: This study describes the prevalence and patterns of use of religion and spirituality for health reasons among African-American women. METHODS: Respondents were asked about their use of religion/spirituality for health reasons as part of a larger study of the prevalence and correlates of complementary and alternative medicine (CAM) use among women. In 2001, a national survey of 3,172 women, aged 18 and older, was conducted in 4 languages, with over-sampling among African-, Mexican-, and Chinese-American participants. This paper focuses on the sub-sample of 812 African-American women. RESULTS: Overall, 43% of the African-American women reported using religion/spirituality for health reasons in the past year. Factors significantly associated with the use of religion/spirituality for health reasons included having an income of dollar 40,000-dollar 60,000, an education level of college graduate or more, or being 37-56 years of age; worse health status approached significance. African-American women utilized religion and spirituality most often for serious conditions such as cancer, heart disease, and depression. African-American women who had used religion/spirituality in the past year for health reasons were more than twice as likely to have used some form of CAM, and also more likely to have seen a medical doctor during the year prior to the interview, compared to their counterparts. CONCLUSION: Religion and spirituality are associated with health-seeking behaviors of African-American women. The use of religion and spirituality for health reasons warrants additional research, particularly its use for chronic and serious conditions, and its role in the health-seeking behavior of African-American women in conjunction with the utilization of conventional medicine and CAM.

DiLalla, L. F., Hull, S. K. and Dorsey, J. K. [Department of Family and Community Medicine, Southern Illinois University School of Medicine, Carbondale 62901; ldilalla@siu.edu]. "**Effect of gender, age, and relevant course work on attitudes toward empathy, patient spirituality, and physician wellness**." *Teaching & Learning in Medicine* 16, no. 2 (Spring 2004): 165-170.

[Abstract:] BACKGROUND: The emphasis in medical education on viewing the patient as a whole person addresses current concerns about the negative impact of standard physician training that may lead to impaired patient-physician relationships. PURPOSES: To assess self-ratings of empathy, spirituality, wellness, and tolerance in a sample of medical students and practitioners to explore differences by gender, age, and training. METHODS: A survey was created that assesses empathy, spirituality, wellness, and tolerance in the medical setting. Surveys were completed anonymously by medical students and practitioners from the medical school. RESULTS: The youngest groups scored highest on empathy and wellness and lowest on tolerance. Participation in medical school wellness sessions correlated with higher empathy and wellness scores; participation in both empathy and spirituality sessions correlated with higher empathy scores. CONCLUSION: Exposure to educational activities in empathy, philosophical values and meaning, and wellness during medical school may increase empathy and wellness in medical practice.

Dimond, B. [University of Glamorgan.]. "**Disposal and preparation of the body: different religious practices**." *British Journal of Nursing* 13, no. 9 May 13-26, 2004): 547-549. Comment, with author reply, in vol. 13, no. 12 (Jun 24-Jul 7): 709; and again in vol. 13, no. 13 (Jul 8-21, 2004): 781; and in vol. 13, no. 15 (Aug 12-Sep 8, 2004): 913.

Dobratz, M. C. [University of Washington, Tacoma]. "**Life-closing spirituality and the philosophic assumptions of the Roy adaptation model**." *Nursing Science Quarterly* 17, no. 4 (Oct 2004): 335-338.

[Abstract:] Secondary analysis of data from a previous study that referenced spirituality was coded, categorized, and grouped into themes. Life-closing spirituality for 44 (45.4%) of 97 total participants was shaped by a core theme of believing that was central to dying persons. Believing was linked to six other themes: comforting, releasing, connecting, giving, reframing, and requesting. These themes supported the philosophic assumptions and principles of humanism and veritivity as defined in the Roy adaptation model.

Dunn, K. S. and Horgas, A. L. [School of Nursing, Oakland University, Rochester, MI; kdunn@oakland.edu]. "**Religious and nonreligious coping in older adults experiencing chronic pain**." *Pain Management Nursing* 5, no. 1 (Mar 2004): 19-28.

[Abstract:] Chronic pain is a significant problem among older adults. Undertreated or poorly managed pain can affect the physical, psychological, social, emotional, and spiritual well-being of older people. Several researchers have found that individuals turn to a wide array of cognitive and behavioral coping strategies when experiencing high levels of chronic pain. In addition, there is a growing body of evidence that supports an association between health outcomes and the use of religious coping to manage pain. Thus, the purpose of this descriptive, cross-sectional study was to explore the use of religious and nonreligious coping in older people who were experiencing chronic pain. Specific aims were to (a) describe the chronic pain experiences of older people; (b) examine the frequency and type of religious and nonreligious coping strategies used by older people to manage chronic pain; and (c) determine if there were differences in the use of religious and nonreligious coping across gender and race. Mean age of this convenience sample of 200 community-dwelling adults was 76.36 years (SD = 6.55). On average, study participants reported that their pain was of moderate intensity. Lower extremities were the most frequently reported painful body locations. Findings from this study support prior research that suggests older people report using a repertoire of pharmacologic and nonpharmacologic strategies to manage chronic pain. Older women and older people of minority racial background reported using religious coping strategies to manage their pain more often than did older Caucasian men. Older women also reported using diversion and exercise significantly more often than did older men.

Egbert, N., Mickley, J. and Coeling, H. [School of Communication Studies, Kent State University, OH 44242; negbert@kent.edu]. "**A review and application of social scientific measures of religiosity and spirituality: assessing a missing component in health communication research**." *Health Communication* 16, no. 1 (2004): 7-27. [Review, 100 refs.]

[Abstract:] Social and behavioral scientists in fields such as psychology, sociology, anthropology, nursing, and medicine have been investigating the relation between religious or spiritual variables and health outcomes for several decades. This article reviews a sample of the major empirical instruments used in this research, including extrinsic and intrinsic religiosity, spiritual well-being, and religious coping. The review encompasses suggestions for application of these scales to health communication theory and research associated with identity, self-efficacy, social support, and media use. Cautionary advice regarding ethical issues together with guidelines for use is advanced.

El-Khoury, M. Y., Dutton, M. A., Goodman, L. A., Engel, L., Belamaric, R. J. and Murphy, M. [Department of Psychology, George Washington University, Washington, DC 20052; mai@gwu.edu]. "**Ethnic differences in battered women's formal help-seeking strategies: a focus on health, mental health, and spirituality**." *Cultural Diversity & Ethnic Minority Psychology* 10, no. 4 (Nov. 2004): 383-393.

[From the abstract:] The authors recruited a sample of 376 African American and Caucasian victims of interpersonal violence from various sites. In comparison with Caucasian women in the sample, African American women were significantly more likely to report using prayer as a coping strategy and significantly less likely to seek help from mental health counselors. The 2 groups did not significantly differ in terms of the extent to which they sought help from clergy or medical professionals. African American women found prayer to be more helpful than did Caucasian women.

Elkins, M. and Cavendish, R. "**Developing a plan for pediatric spiritual care**." *Holistic Nursing Practice* 18, no. 4 (Jul-Aug 2004): 179-184; quiz 185-186.

[Abstract:] During life-changing events, people turn to spirituality for comfort, hope, and relief. This article raises nurses' awareness of and intent to provide spiritual care for children and families as part of overall quality care. Essential nursing knowledge for the development of a plan of care that includes the child's spirituality, religion, and culture, developmental stage, age-appropriate spiritual care activities, and the needs of the family are presented.

Ellis, M. R. and Campbell, J. D. [Cox Family Practice Residency Program, Springfield, MO; mark.ellis@coxhealth.com]. "**Patients' views about discussing spiritual issues with primary care physicians**." *Southern Medical Journal* 97, no. 12 (Dec 2004): 1158-1164.

[Abstract:] OBJECTIVES: The authors sought to explore patients' views about discussing spiritual issues with primary care physicians, including perceived barriers to and facilitators of discussions. METHODS: The study was a qualitative, semistructured interview of 10 chronically or terminally ill patients who were deliberately selected to represent a range of demographic factors (religious background, age, sex). We coded each interview and evaluated interviews for themes through content analysis. RESULTS: Themes included rationale for addressing spiritual issues; prerequisites for these discussions; roles in spiritual discussions; principles of spiritual assessment; and barriers to and facilitators of spiritual discussions. Patients justified spiritual assessment on the basis of importance of spirituality in life and health. They asserted that patients must feel honored and respected by their physician to risk discussing spiritual issues. They affirmed that physicians are helpful when legitimizing their spiritual concerns. Citing physicians' neglect of spirituality as a barrier, they affirmed that spiritual assessment in the context of other life issues facilitates spiritual discussions. CONCLUSIONS: Patients' willingness to discuss spiritual issues may depend on their sense of physicians' respect for their spiritual views, attitudes about spiritual health, and qualities of openness and approachability.

Emanuel, E. J., Fairclough, D. L., Wolfe, P. and Emanuel, L. L. [Department of Clinical Bioethics, Warren G. Magnuson Clinical Center, National Institutes of Health, Bethesda, MD; eemanuel@cc.nih.gov]. "**Talking with terminally ill patients and their caregivers about death, dying, and bereavement: is it stressful? Is it helpful?**" *Archives of Internal Medicine* 164, no. 18 (Oct 11, 2004): 1999-2004.

[Abstract:] BACKGROUND: Discussing end-of-life issues with terminally ill patients is often considered distressing and harmful. This study was conducted to assess whether interviewing terminally ill patients and their caregivers about death, dying, and bereavement is stressful and/or helpful. METHODS: Patients from 6 sites in the United States who were estimated to have 6 months or less to live were interviewed in person and reinterviewed 2 to 6 months later. Their caregivers were interviewed separately. At the end of the interviews, patients and caregivers were asked how stressful and how helpful the interview had been. Of 1131 eligible patients, 988 (87.4%) were interviewed, and of 915 eligible caregivers, 893 (97.6%) were interviewed. RESULTS: At the end of the first interview, 1.9% of the patients reported having experienced a great deal of stress, 7.1% some stress, and 88.7% little or no stress from the interview. Among the caregivers, 1.5% reported a great deal of stress, 8.4% some stress, and 89.7% little or no stress. Slightly more stress was reported to have been caused by the reinterview. Overall, 16.9% of the patients reported the initial interview as very helpful, 29.6% as somewhat helpful, and 49.6% as offering little or no help. Among the caregivers, 19.1% reported the initial interview as very helpful, 34.3% as somewhat helpful, and 44.9% as offering little or no help. The reported helpfulness of the second interview was slightly less. Patients experiencing pain (odds ratio [OR], 1.26; 95% confidence interval [CI], 1.02-1.56), more personal meaning in dying (OR, 3.05; 95% CI, 2.02-4.59), and less ease with talking about the end of life (OR, 1.32; 95% CI, 1.09-1.60) were significantly more likely to report stress. Patients who were from an ethnic minority (OR, 1.85; 95% CI, 1.31-2.63), anxious about the end of their life (OR, 1.39; 95% CI 1.16-1.67), more spiritual (OR, 1.30; 95% CI, 1.06-1.61), and serene (OR, 1.25; 95% CI, 1.08-1.45) were significantly more likely to report the interview helpful. There was no relationship between stress and helpfulness. CONCLUSIONS: Terminally ill patients and their caregivers can discuss death, dying, and bereavement in a structured interview with minimal stress and report that the interview was helpful. Institutional review boards should not preemptively restrict surveys with terminally ill patients without reliable evidence that they will be stressful or otherwise harmful.

Farber, N. J., Urban, S. Y., Collier, V. U., Metzger, M., Weiner, J. and Boyer, E. G. [Christiana Care Health System, Wilmington, DE 19899]. "**Frequency and perceived competence in providing palliative care to terminally ill patients: a survey of primary care physicians**." *Journal of Pain & Symptom Management* 28, no. 4 (Oct 2004): 364-372.

[Abstract:] We surveyed primary care physicians about their involvement and perceived skills in palliative care. A survey instrument asked how frequently internal medicine and family practice physicians performed 10 palliative care items. Subjects rated their skills in each area. A majority of physicians always or frequently performed all 10 palliative care items, but fewer than 50% of respondents adequately attended to the spiritual needs and economic problems of patients. Interest in palliative care was associated with an increased frequency in performing palliative care items ($P = 0.036$), while training in palliative care was associated with better perceived performance ($P = 0.05$). Only 36% of respondents had received training in palliative care. Internists and family practitioners provide palliative care to patients, but feel their skills are lacking in certain areas. Training may improve care to patients at the end of life.

Faull, K., Hills, M. D., Cochrane, G., Gray, J., Hunt, M., McKenzie, C. and Winter, L. [Queen Elizabeth Hospital, Rotorua, New Zealand]. "**Investigation of health perspectives of those with physical disabilities: the role of spirituality as a determinant of health**." *Disability & Rehabilitation* 26, no. 3 (Feb 4, 2004): 129-144.

[Abstract:] PURPOSE: To identify key determinants of health and the process of health attainment for people with musculoskeletal disabilities. METHOD: Focus groups of people with musculoskeletal disorders, including 30 members and their five trained facilitators, provided data. Discussed were 'What is health for you?' and 'What has helped, or would help you achieve this health?' Delphi-structured analysis identified health themes and a health process model was developed with the facilitators comprising the expert panel. RESULTS: Health was perceived as centred on relationships that required a spiritual awareness for a strong and resilient identity. The Self Attributes Model developed portrays the processes perceived to be required for health. CONCLUSIONS: Although physical, social and psychological interventions are essential aspects of health intervention, by themselves they are not sufficient. Also required for health is a strong resilient self resulting from interaction and connection with other people and the natural world. Moreover, development of such an identity requires a spiritual world-view comprising an acknowledgement of the essence of self and focus upon the nature of the connection of this essence with all other aspects of life. Further research is required to advance understanding of the process by which this occurs for people with chronic disorders.

Fawcett, T. N. and Noble, A. [Nursing Studies, University of Edinburgh, Edinburgh, UK; t.fawcett@ed.ac.uk]. "**The challenge of spiritual care in a multi-faith society experienced as a Christian nurse**." *Journal of Clinical Nursing* 13, no. 2 (Feb 2004): 136-142. [Review; 31 refs.]

[Abstract:] BACKGROUND: Understanding the spiritual dimension of holistic nursing care is arguably regaining its centrality in the assessment of patient well being in whatever area of care. However it is argued that we are still far from having a universal agreement as to what is meant by the concept of spirituality. AIMS AND OBJECTIVES: This paper aims to explore some of the definitions and models of spirituality and determine what is meant by spiritual needs. Taking the perspective of a Christian nurse, the potential tension between the nature of spiritual care and evidence-based professionalism is explored. CONCLUSION: The exploration reveals the challenges faced by a nurse who wishes to administer this spiritual care and holds a personal commitment to the Christian faith. RELEVANCE TO CLINICAL PRACTICE: Acknowledging and debating the challenge of spiritual care is arguably the first step towards meeting optimally this need in our patients. The dilemma that may need to be further explored within the context of nursing care is how a nurse, holding and operating within one particular belief (e.g. Christianity) can offer the ideal of spiritual care to patients who hold other, quite different beliefs.

Fiori, K. L., Hays, J. C. and Meador, K. G. [University of Michigan, Ann Arbor, MI]. "**Spiritual turning points and perceived control over the life course**." *International Journal of Aging & Human Development* 59, no. 4 (2004): 391-420.

[Abstract:] Recent evidence indicates that spirituality and religion are associated with both physical and psychological health. Because a belief that rewards are largely determined by external forces tends to be detrimental to mental health, the idea that God can be equated with such an external force seems contradictory to the proven benefits of religion and spirituality. The purpose of this article is to examine changes in perceived control in the context of spiritual turning points as uncovered in the narrative histories of 30 elderly people. We propose that for many people who derive benefits from religion or spirituality, God may act as a mediator, in the sense that trusting in God provides personal control. In addition to creating a model of God-mediated control, the study's findings suggest a relationship between recall for type of control during a spiritual turning point and the interpretation of that turning point in late life.

Fitchett, G., Murphy, P. E., Kim, J., Gibbons, J. L., Cameron, J. R. and Davis, J. A. [Department of Religion, Rush University Medical Center, Health, and Human Values, Chicago, IL 60612; george_fitchett@rush.edu]. "**Religious struggle: prevalence, correlates and mental health risks in diabetic, congestive heart failure, and oncology patients**." *International Journal of Psychiatry in Medicine* 34, no. 2 (2004): 179-196.

[Abstract:] OBJECTIVES: For some people, diagnosis with a serious illness or other adverse life events can precipitate a period of religious struggle. While evidence of the harmful effects of religious struggle is accumulating, less is known about its prevalence or correlates. The aim of this study was to examine the prevalence and correlates of religious struggle in three groups of medical patients. METHODS: Study participants included diabetic outpatients (N= 71), congestive heart failure outpatients (N = 70), and oncology inpatients (N = 97). Participants completed questionnaires which included several measures of religion, including religious struggle, emotional distress or well-being, and demographic characteristics. RESULTS: Half of the total sample (52%) reported no religious struggle, while 15% reported moderate or high levels. In a multi-variate analysis, younger patients ($p < 0.001$) and CHF patients ($p < 0.05$) had higher levels of religious struggle. Those with higher levels of positive religious coping also reported higher levels of religious struggle ($p < 0.01$), while those who attended worship most frequently had lower levels of religious struggle ($p < 0.05$). Religious struggle was associated with higher levels of depressive symptoms and emotional distress in all three patient groups. CONCLUSIONS: While further research is needed to help clarify the sources, additional correlates, and course of religious struggle, the findings in this study confirm the association between religious struggle and emotional distress in these three groups of medical patients. Clinicians should be attentive to signs of religious struggle. Where patient's responses indicate possible religious struggle, clinicians should consider referral to a trained, professional chaplain or pastoral counselor.

Flannelly, K. J., Weaver, A. J. and Costa, K. G. [HealthCare Chaplaincy, New York, NY]. "**A systematic review of religion and spirituality in three palliative care journals, 1990-1999**." *Journal of Palliative Care* 20, no. 1 (2004): 50-6. [Review, 41 refs.]

Fletcher, C. E. [Veterans Health Administration Center for Practice Management and Outcomes Research (11-H), Ann Arbor, MI]. "**Health care providers' perceptions of spirituality while caring for veterans**." *Qualitative Health Research* 14, no. 4 (Apr 2004): 546-561.

[Abstract:] To determine health care providers' views on spirituality, its role in the health of patients, and barriers to discussing spiritual issues with patients, the author convened five focus groups at two Veterans Administration Medical Centers. Participants were nurses, physicians, social workers, psychologists, and chaplains. Common themes included (a) the lack of education for professionals regarding how to address patients' spiritual needs; and (b) systems-related issues, including communication systems that do not function well, how spiritual needs are addressed on admission, support or lack thereof by hospital administrators, and lack of support for the spiritual needs of staff. The aging and illnesses of many current veterans plus the escalated potential of war highlight the importance of addressing veterans' spiritual needs.

Florczak, K. L. [West Suburban College of Nursing, Oak Park, IL]. "**An exploration of the concept of sacrifice**." *Nursing Science Quarterly* 17, no. 3 (Jul 2004): 195-200. Comment on p. 194. [Review; 28 refs.]

[Abstract:] This column seeks to contribute to the understanding of the concept of sacrifice and its significance to nursing through an extensive account of relevant literature from the disciplines of theology, sociology, anthropology, and psychology. The review uncovered that in sacrificing something of value, individuals anticipate connecting with families, groups, society, and deities. Knowledge of the phenomenon of

sacrifice has importance for nurses who use the human becoming theory as a guide for practice as they participate with individuals who are struggling with relinquishing something of value, while hoping to strengthen connections with others.

Fogg, S. L., Weaver, A. J., Flannelly, K. J. and Handzo, G. F. [Lawrence Hospital Center, 55 Palmer Avenue, Bronxville, NY 10708]. "**An analysis of referrals to chaplains in a community hospital in New York over a seven year period**." *The Journal of Pastoral Care & Counseling: JPCC* 58, no. 3 (Fall 2004): 225-235.

[Abstract:] The study analyzed the pattern of referrals to chaplains in a suburban hospital over a 7-year period. Nurses made more than half of all the referrals to chaplains, with nursing accounting for 81.74% of referrals from staff members other than pastoral care workers and volunteers. Social workers and physicians made 11.74% and 4.08% of referrals, respectively. The number of referrals from social workers ($r=.86$, $p<.05$), nurses ($r=.68$, $p<.10$) and other staff ($r=.69$, $p<.10$) increased across years, with the exception of physicians. Three quarters of referrals were requests for chaplains to visit patients and one quarter were requests to visit with family or friends. A significant difference was found in the percentage of referrals made for patients and family/friends by staff members ($p<.05$), with social workers making a higher percentage of referrals for relatives and friends (34.1%), compared to nurses (26.74%) and physicians (27.27%). The most common presenting problems for which patients were referred to chaplains were anxiety, depression, and pregnancy loss. The rate of referrals for patients over the entire study period was 39.04 per 1000 patient stays.

Folkman, S. and Moskowitz, J. T. [Center for Integrative Medicine, Univ. of Calif., San Francisco, CA; folkman@ocim.ucsf.edu]. "**Coping: pitfalls and promise**." *Annual Review of Psychology* 55 (2004): 745-774. [Review, 148 refs.]

This very good overview of coping reviews the background of the concept in health research, outlines methodological issues, and highlights promising developments in the field. Pp. 759-761 specifically deal with "religious coping."

Fontana, A. and Rosenheck, R. [Northeast Program Evaluation Center, VA National Center for PTSD, New Haven, CT]. "**Trauma, change in strength of religious faith, and mental health service use among veterans treated for PTSD**." *Journal of Nervous & Mental Disease* 192, no. 9 (Sep 2004): 579-584.

This article reports a study of 554 inpatients and 831 outpatients receiving treatment for PTSD in Veterans Affairs programs. Among the findings, these participants indicated a weakened religious faith and issues of guilt. The authors note the potential role of chaplains in these patients' treatment (see pp. 582-583).

Forcehimes, A. A. [Dept. of Psychology, The University of New Mexico, Albuquerque, NM 87131; Aforcehimes@comcast.net]. "**De profundis: spiritual transformations in Alcoholics Anonymous**." *Journal of Clinical Psychology* 60, no. 5 (May 2004): 503-517.

[Abstract:] The mechanism of change in Alcoholics Anonymous is described as "spiritual transformation." A.A. acknowledges that such transformation can occur gradually; however, nearly all of the examples presented in the Big Book of A.A. involve discrete and sudden experiences that resemble the phenomenon of quantum change. The sequence offered describes how spiritual transformations transpire. The sequence begins with hitting bottom, recognition of inability to control the problem. A feeling of contrition follows, describing not only sorrow for the present state, but also desire for a new way. The final step is the act of surrendering one's will to a higher power. The de profundis sequence sets the process of spiritual transformation in motion, offering stabilization to sobriety.

Fowler, J. W. and Dell, M. L. [Candler School of Theology, Bishops Hall 309, Emory University, Atlanta, GA; jfowler@Emory.edu]. "**Stages of faith and identity: birth to teens**." *Child & Adolescent Psychiatric Clinics of North America* 13, no. 1 (Jan 2004): 17-33.

[From the abstract:] Given the growth in the numbers of adherents to other major traditions in the United States, interview research needs to be conducted to widen the sample to include Muslim, Buddhist, and secular respondents. Interviewees have not been studied longitudinally. Furthermore, most of the foundational research was conducted in the 1980s and early 1990s. A new major round of faith development interviews could shed light on the impacts on peoples' faith of "globalization" and the features of experience that have come to be called the "postmodern condition." These phenomena reflect patterns of radical secularization and the erosion of religious and moral authority on the one hand and, paradoxically, the worldwide growth of fundamentalist and conservative faith practices on the other. Add to these phenomena the interest of many "nonchurched" persons in "spirituality" and we begin to grasp the richness and diversity that faith development research encounters today. Professor Heinz Streib of the University of Bielefeld is conducting the most significant research in the faith development tradition. The research he and his colleagues are conducting in Europe and in the United States promises to yield some tangible data and insights into these issues. To date, faith development theory has not been incorporated into child, adolescent, and family psychiatric interviewing and case formulation to any appreciable or measurable degree. These perspectives and inroads into the interior lives and thought processes of young people, however, may be helpful in the understanding of normal and pathologic development and of healthy and psychiatrically ill children and adolescents. Further collaborative work in this area is needed among psychiatrists, clinical psychologists, psychologists of religion, religious educators, and theologians.

Frank, D., Swedmark, J. and Grubbs, L. [Florida State University School of Nursing, Tallahassee, FL; dfrank@nursing.fsu.edu]. "**Colon cancer screening in African American women**." *ABNF Journal* 15, no. 4 (Jul-Aug 2004): 67-70.

The authors suggest, among other things, a faith-based approach to reaching the population of African American women.

Gall, T. L. [Faculty of Human Sciences, Saint Paul University, Ottawa, Ontario, Canada; tgall@ustpaul.ca]. "**Relationship with God and the quality of life of prostate cancer survivors**." *Quality of Life Research* 13, no. 8 (Oct 2004): 1357-1368.

[Abstract:] This study explored the role of relationship with God with respect to the quality of life of men with prostate cancer. Thirty-four men with prostate cancer completed questionnaires on demographic and illness factors, aspects of relationship with God (e.g., God image), nonreligious resources (e.g., optimism) and physical, social and emotion functioning. Results showed that relationship with God was a significant factor in the prediction of role, emotional and social functioning for these men after controlling for age, reported severity of treatment reactions and nonreligious resources. Notably, different aspects of relationship with God (e.g., causal attribution) evidenced different associations with functioning and the nonreligious resource of perceived health control. Such results suggest that relationship with God may function in a complex manner as a resource in coping with prostate cancer. Longitudinal research is needed to clarify the role of religious/spiritual resources in the short- and long-term quality of life of men with prostate cancer.

Gall, T. L. [Faculty of Human Sciences, Saint Paul University, Ottawa, Ontario, Canada; tgall@ustpaul.uottawa.ca]. "**The role of religious coping in adjustment to prostate cancer**." *Cancer Nursing* 27, no. 6 (Nov-Dec 2004): 454-461.

[Abstract:] This study explored the role of religious coping in men's long-term adjustment to prostate cancer. Thirty-four men with prostate cancer completed questionnaires on demographic and illness factors, religious and general coping, and physical, social, and emotional functioning. Results showed that religious coping was related to poorer role, social, and emotional functioning for these cancer survivors. In contrast, religious coping was related to positive aspects of cognitive appraisal and to both active and avoidance forms of general coping. Notably, religious coping may be used to help cancer survivors "block out" their everyday experience of the prostate cancer and its related complications. Such results suggest that religious coping functions in a complex manner within the context of long-term prostate cancer survival.

Gatrad, A. R., Brown, E. and Sheikh, A. [Manor Hospital, Walsall, UK; steadmana@walsallhospitals.nhs.uk]. "**Developing multi-faith chaplaincy**." *Archives of Disease in Childhood* 89, no. 6 (Jun 2004): 504-505.

This is a brief article by several authors who are leading voices in the literature of the care of Muslim patients, though their outline here of basic issues in developing multi-faith chaplaincy is not limited to that context.

Gazelle, G., Glover, C. and Stricklin, S. L. [Division of General Medicine and Primary Care, Brigham and Women's Hospital, MA; gail_gazelle@hms.harvard.edu]. "**Care of the Christian Science patient**." *Journal of Palliative Medicine* 7, no. 4 (Aug 2004): 585-588.

Gesell, S. B., Clark, P. A. and Williams, A. [Department of Research and Development, Press Ganey Associates, Inc, South Bend, IN 46601; sgesell@pressganey.com]. "**Inpatient heart failure treatment from the patient's perspective**." *Quality Management in Health Care* 13, no. 3 (Jul-Sep 2004): 154-165.

[Abstract:] OBJECTIVE: The objective of this study was 2-fold: (1) to identify particular opportunities for improvement in patient-centered care of heart failure patients and (2) to suggest strategies for service quality improvement focusing on those areas. SAMPLE: A national cross-sectional sample of survey data from diagnostic-related group 127 patients was collected between December 1, 2001, and November 30, 2003. Data were split into two 12-month samples to compare results over time. The 2002 sample included 5224 patients treated at 220 hospitals; the 2003 sample included 6531 patients treated at 269 hospitals. METHOD: A standardized mail-out/mail-back methodology was used to collect data from random samples of patients within 5 days of discharge. RESULTS: For both samples, the ranking of service issues was highly similar, with the same 4 areas emerging as the foremost priorities: patient involvement in decision making, staff response to concerns voiced during the hospital stay, staff sensitivity to the inconvenience of heart failure and hospitalization, and emotional/spiritual support. Improvement in these 4 service areas should be associated with the greatest increases in patient satisfaction and quality of care for heart failure patients. CONCLUSIONS: Adequately addressing these patient needs should increase patient satisfaction and quality of care for heart failure patients.

Gordon, T. and Mitchell, D. [Marie Curie Hospice, Edinburgh, UK; tom.gordon@mariecurie.org.uk]. "**A competency model for the assessment and delivery of spiritual care**." *Palliative Medicine* 18, no. 7 (Oct 2004): 646-651.

[Abstract:] The delivery of spiritual and religious care has received a high profile in national reports, guidelines and standards since the start of the millennium, yet there is, to date, no recognized definition of spirituality or spiritual care nor a validated assessment tool. This article suggests an alternative to the search for a definition and assessment tool, and seeks to set spiritual care in a practical context by offering a model for spiritual assessment and care based on the individual competence of all healthcare professionals to deliver spiritual and religious care. Through the evaluation of a pilot study to familiarize staff with the Spiritual and Religious Care Competencies for Specialist Palliative Care developed by Marie Curie Cancer Care, the authors conclude that competencies are a viable and crucial first step in 'earthing' spiritual care in practice, and evidencing this illusive area of care.

Gralla, R. J. and Thatcher, N. [New York Lung Cancer Alliance, New York, NY 10024; rgralla@att.net]. "**Quality-of-life assessment in advanced lung cancer: considerations for evaluation in patients receiving chemotherapy**." *Lung Cancer* 46, Suppl. 2: (Dec 2004): S41-S47. [Review, 21 refs.]

The authors note, [from the abstract:] There is increasing awareness of the need for accurate assessment of quality of life in patients with lung cancer who are on clinical trials and in patient management. Self-reported multidimensional, validated, quality-of-life instruments assess physical, functional, psychological, social, and spiritual dimensions associated with lung cancer and its treatment….

Grant, D. [Department of Sociology, University of Arizona, Tucson, AZ 85721; grantd@u.arizona.edu]. "**Spiritual interventions: how, when, and why nurses use them**." *Holistic Nursing Practice* 18, no. 1 (Jan-Feb 2004): 36-41.

[Abstract:] Researchers have performed limited studies regarding what nurses believe spirituality can do for their patients, the spiritual services they have offered, and under what circumstances. Because much of the extant research has only examined nurses involved in terminal care at different hospitals, it remains unclear upon which shared ideas and practices might nursing staff create a culture of spiritual care within a hospital. To address this situation, this study reports findings from a survey of bedside nurses at a university hospital.

Green, V. [Cromwell Hospital, Cromwell Road, London, UK]. "**Understanding different religions when caring for diabetes patients**." *British Journal of Nursing* 13, no. 11 (Jun 10, 2004): 658-662. [Review; 37 refs.]

[Abstract:] A significant and accelerating worldwide increase in the incidence of diabetes, coupled with growing population mobility, will lead to an urgent need for all nurses to develop a greater understanding of the role of different cultural and religious beliefs in diabetes control and care. In this article, the author presents a brief overview of the five major religions practised in the UK and the associated beliefs, customs and lifestyle factors that may affect the person with diabetes and his/her compliance with current advice and education with the aim of promoting culturally competent health care.

Griffith, E. E. and Young, J. L. [Law and Psychiatry Division, Department of Psychiatry, Yale University School of Medicine, New Haven, CT 06519; ezra.griffith@yale.edu]. "**Clergy counselors and confidentiality: a case for scrutiny**." *Journal of the American Academy of Psychiatry & the Law* 32, no. 1 (2004): 43-50. [Comment on pp. 51-52.]

[Abstract:] As religious organizations contribute increasingly to community mental health, counseling by clergy acquires greater significance. As a result, clergy confront from time to time ethics challenges resulting from the need to balance a commitment to clients and an obligation to

follow the requirements of religious doctrine. The recent New York case of Lightman v. Flaum highlights an example of this dilemma. A woman who asked two rabbis (Flaum and Weinberger) for help in her marriage complained that they had violated the confidentiality she expected of them. The rabbis requested summary judgment based on religious grounds, and the trial court rejected their request. The state's highest court concurred with an appeal court's reversal of the trial court. We discuss the arguments raised in this case about the extent to which clergy may owe a duty of confidentiality to those who consult them for psychological help, and we also consider the religion-based arguments that would fashion an exception to confidentiality in this unique context.

Groopman, J. [Beth Israel Deaconess Medical Center and Harvard Medical School, Boston, MA]. "**God at the bedside**." *New England Journal of Medicine* 350, no. 12 (Mar 18, 2004): 1176-8. [See also the response: Handzo, G. and Koenig, H. G. "God at the Bedside." *New England Journal of Medicine* 351, no. 2 (July 8, 2004): 192-193.
This is a reflection by a physician on a patient's case, wherein the patient requested that the physician pray for her.

Guzzetta, C. E. [Children's Medical Center of Dallas, Dallas, TX]. "**Critical care research: weaving a body-mind-spirit tapestry**." *American Journal of Critical Care* 13, no. 4 (Jul 2004): 320-327. [Review; 44 refs.]
The authors address a holistic approach to clinical practice and research and note research studies that indicate the effects of holistic interventions on outcomes.

Hain, R. D. [Department of Child Health, University of Wales College of Medicine, Llandough Hospital Cardiff, Vale of Glamorgan, UK; hainrd@cardiff.ac.uk]. "**Paediatric palliative medicine: a unique challenge**." *Pediatric Rehabilitation* 7, no. 2 (Apr-Jun 2004): 79-84.
[Abstract:] For more than thirty years, adults suffering from life-threatening or terminal conditions have been able to access specialist skills in palliative medicine. It has taken much longer for children to start to have access to the same expertise. Paediatric palliative medicine adopts a robust and rational approach to symptom control, based on a thorough understanding of pathophysiology and therapeutics. At the same time, it recognises that physical issues are only one aspect of a child's quality of life and, by adopting a multi-dimensional approach, aims to address psychosocial and spiritual or existential concerns.

Haley, W. E., Gitlin, L. N., Wisniewski, S. R., Mahoney, D. F., Coon, D. W., Winter, L., Corcoran, M., Schinfeld, S. and Ory, M. [School of Aging Studies, University of South Florida, Tampa 33620; whaley@chuma1.cas.usf.edu]. "**Well-being, appraisal, and coping in African-American and Caucasian dementia caregivers: findings from the REACH study**." *Aging & Mental Health* 8, no. 4 (Jul 2004): 316-329. [See also, Coon, et al., "Well-being, appraisal, and coping in Latina and Caucasian female dementia caregivers: findings from the REACH study." Aging & Mental Health 8, no. 4 (Jul 2004): 330-345; noted in this bibliography.]
This study of 295 African-American and 425 Caucasian dementia family caregivers from Birmingham, Memphis, Boston, and Philadelphia indicated that [from the abstract:] … African-American caregivers reported lower anxiety, better well-being, less use of psychotropic medications, more benign appraisals of stress and perceived benefits of caregiving, and greater religious coping and participation, than Caucasian caregivers.

Hall, B. L. and Kulig, J. C. [University of Calgary, Lethbridge Division, Alberta, Canada]. "**Kanadier Mennonites: a case study examining research challenges among religious groups**." *Qualitative Health Research* 14, no. 3 (Mar 2004): 359-368.
[Abstract:] In this article, the authors address the research issues experienced in carrying out a study with the Kanadier Mennonites, members of the Anabaptist religious group who support a lifestyle that demonstrates separation from mainstream society. The authors provide a brief description of the Kanadiers along with the purpose of the research and a synopsis of the sample. They focus primarily on discussing the methodological challenges in approaching this group. In addition, they place emphasis on addressing the research questions in ways that are respectful and nonintrusive. They discuss the lessons learned from the study within the context of qualitative cross-cultural research.

Hall, D. E., Koenig, H. G. and Meador, K. G. [Duke University Medical Center, Durham, NC; revdocdan@aya.yale.edu]. "**Conceptualizing 'religion': How language shapes and constrains knowledge in the study of religion and health**." *Perspectives in Biology & Medicine* 47, no. 3 (Summer 2004): 386-401.
[Abstract:] Despite recent advances in the field of religion and health, meaningful findings will increasingly depend on the capacity to conceptualize "religion" properly. To date, scientists' conception of religion has been shaped by the Enlightenment paradigm. However, recent developments in philosophy make the "objectivity" of the Enlightenment paradigm problematic, if not untenable. Contrary to common understanding, the secularism essential to the Enlightenment paradigm does not enjoy any special privilege over religious ways of seeing the world, because both religious and secular worldviews constitute self-referentially complete interpretations of the human condition. If there is no objective frame of reference from which to measure religiousness, then the study of religion and health is fundamentally contingent on the specific languages and contexts in which particular religions find expression. While applying this cultural-linguistic approach to religion would require significant changes in the existing methods for studying religion and health, such changes may generate a deeper understanding of this relationship.

Hall, R. I., Rocker, G. M. and Murray, D. [Department of Anesthesia, Dalhousie University, and the Intensive Care Services, Canada]. "**Simple changes can improve conduct of end-of-life care in the intensive care unit**." *Canadian Journal of Anaesthesia* 51, no. 6 (Jun-Jul 2004): 631-636.
[Abstract:] PURPOSE: To describe changes to the conduct of withdrawal of life support (WOLS) in two teaching hospital tertiary care medical surgical intensive care units (ICUs) in a single centre over two distinct time periods. METHODS: We used a retrospective chart review with a before and after comparison. We assessed aspects of end-of-life care for ICU patients dying after a WOLS before and after we introduced instruments to clarify do not resuscitate (DNR) orders and to standardize the WOLS process, sought family input into the conduct of end-of-life care, and modified physicians' orders regarding use of analgesia and sedation. RESULTS: One hundred thirty-eight patients died following life support withdrawal in the ICUs between July 1996 and June 1997 (PRE) and 168 patients died after a WOLS between May 1998 and April 1999 (POST). Time from ICU admission to WOLS (mean +/- SD) was shorter in the POST period (191 +/- 260 hr PRE vs 135 +/- 205 hr POST, P = 0.05). Fewer patients in the POST group received cardiopulmonary resuscitation in the 12-hr interval prior to death (PRE = 7;

POST = 0: P < 0.05). Fewer comfort medications were used (PRE: 1.7 +/- 1.0 vs POST: 1.4 +/- 1.0; P < 0.05). Median cumulative dose of diazepam (PRE: 20.0 vs POST: 10.0 mg; P < 0.05) decreased. Documented involvement of physicians in WOLS discussions was unchanged but increased for pastoral care (PRE: 10/138 vs POST: 120/168 cases; P < 0.05). The majority of nurses (80%) felt that the DNR and WOLS checklists led to improved process around WOLS. CONCLUSION: Simple changes to the process of WOLS can improve conduct of end-of-life care in the ICU.

Hansel, N. N., Wu, A. W., Chang, B. and Diette, G. B. [Department of Medicine, School of Medicine Johns Hopkins University, Baltimore, MD 21205; nhansel1@mail.jhmi.edu]. "**Quality of life in tuberculosis: patient and provider perspectives**." *Quality of Life Research* 13, no. 3 (Apr 2004): 639-652.

[From the abstract:] The purpose of this study is to describe the impact of TB on patients' QOL by using focus groups to assess the domains of QOL that are affected. Participants included patients (n = 10) who received treatment for active TB and physicians (n = 4) and nurses (n = 9) caring for patients with TB at a public health clinic in Baltimore, Maryland. TB affected all predicted domains of QOL, including general health perceptions, somatic sensation, psychological health, spiritual well-being, and physical, social and role functioning. …Surprisingly, 11% (33) of the comments described benefits of TB illness, including increased spirituality and improved life perspectives. … While patients and clinicians both identified issues in many areas of QOL, only patients mentioned the impact on sexual function, spirituality and improved life perspectives….

Hart, A. Jr., Tinker, L. F., Bowen, D. J., Satia-About a, J. and McLerran, D. [Fred Hutchinson Cancer Research Center, Seattle, WA]. "**Is religious orientation associated with fat and fruit/vegetable intake?**" *Journal of the American Dietetic Association* 104, no. 8 (Aug 2004): 1292-1296.

[Abstract:] We explored associations of religious orientation with dietary behavior among participants in the Eating for a Healthy Life Study (EHL), a randomized low-fat, high-fruit/vegetable dietary intervention trial in religious organizations. Data in this report are from baseline telephone surveys of 2,375 people, which assessed dietary behaviors (Fat- and Fiber-Related Diet Behavior Questionnaire) and religiosity (Allport-Ross Religious Orientation Scale). After adjusting for demographic characteristics, higher extrinsic (socially motivated) religious orientation was positively associated with low-fat dietary fat behaviors (P=.0438). No associations were observed for dietary behaviors and intrinsic (life based on religious beliefs) religious orientation. These results support further exploration of religious orientation's potential influence on dietary behaviors and its applicability to dietary interventions.

Hausmann, E. [Holy Cross Children's Services, 8759 Clinton-Macon Road, Clinton, MI 49236]. "**Chaplain contacts improve treatment outcomes in residential treatment programs for delinquent adolescents**." *The Journal of Pastoral Care & Counseling: JPCC* 58, no. 3 (Fall 2004): 215-224.

[Abstract:] This is a report of a study of 828 delinquent adolescents who completed behavioral treatment during 1995, 1996, 1997 in Holy Cross Children's Services programs. The research focused on a measure of chaplain contact time with each youth, and three outcome variables: "planned release" (program completion), living situation at 12 months after discharge, and a calculated cost of care for the 12 month graduates. The findings include statistically significant correlations between chaplain time and all three preferred outcome measures. The results were significant when age, number of prior incarcerations and religiosity variables were controlled for in a regression analysis. When the costs of aftercare for the graduates were computed, the average cost-of care-per-day of the no-Chaplain-contact graduates was significantly higher than that of the high-contact group. Based on the findings, the author suggests that chaplain involvement in the behavioral treatment of delinquent adolescents improves outcomes and is cost effective.

Heilferty, C. M. [Clinical Trials Office, Children's Hospital of Philadelphia, PA; heilferty@chop.edu]. "**Spiritual development and the dying child: the pediatric nurse practitioner's role**." *Journal of Pediatric Health Care* 18, no. 6 (Nov-Dec 2004): 271-275.

[Abstract:] Dying children require special consideration when it comes to spiritual development. Pediatric nurse practitioners (PNPs) can be a pivotal influence in the manner in which a child progresses from sick child to dying child and an influence on the family at large during the process. The primary care PNP is uniquely positioned to have a premorbid knowledge of the spiritual development and needs of the child and family. The tertiary care PNP has a responsibility to provide continuing spiritual assessment and follow-up with referrals to appropriate professional staff and community resources for spiritual care. Childhood spiritual development within the context of the PNP's role in assessing and meeting the spiritual needs of the dying child is discussed.

Hermsen, M. A. and ten Have, H. A. [Researcher in Palliative Care Ethics, University Medical Centre Nijmegen, Department of Ethics, Philosophy and History of Medicine, Nijmegen, The Netherlands]. "**Pastoral care, spirituality, and religion in palliative care journals**." *American Journal of Hospice & Palliative Care* 21, no. 5 (Sep-Oct 2004): 353-356 [Review, 30 refs.]

[Abstract:] With the growth and development of palliative care, interest in pastoral care, spirituality, and religion also seems to be growing. The aim of this article is to review the topic of pastoral care, spirituality, and religion appearing in the journals of palliative care, between January 1984 and January 2002.

Herring, M. B. and Rahman, J. D. [St. Vincent Health, Indianapolis, IN]. "**Physicians and spirituality. St. Vincent Indianapolis has a program that encourages spiritual development in doctors**." *Health Progress* 85, no. 4 (Jul-Aug 2004): 43-47.

Himelstein, B. P., Hilden, J. M., Boldt, A. M. and Weissman, D. [Pediatric Palliative Care Program, Children's Hospital of Wisconsin, Milwaukee, WI; bhimelstein@chw.org]. "**Pediatric palliative care**." *New England Journal of Medicine* 350, no. 17 Apr 22, 2004): 1752-1762. [Review, 75 refs.]

This overview considers spiritual needs on pp. 1753 and 1755 and *passim*. The authors include a helpful table on p. 1756 of the Development of Death Concepts and Spirituality in Children.

Hodge, D. R. [Program for Research on Religion and Urban Civil Society, University of Pennsylvania, Philadelphia PA; dhodge@sas.upenn.edu]. "**Working with Hindu clients in a spiritually sensitive manner**." *Social Work* 49, no. 1 (Jan 2004): 27-38.

[Abstract:] Although social work is witnessing growing interest in spiritual and religious issues, little guidance has appeared in the literature to assist practitioners in addressing the unique spirituality of rapidly increasing non-Western populations. This article discusses the significant cultural/spiritual beliefs, practices, and values of Hindus, the largest Asian religion in the United States. Possible conflicts emanating from the lack of congruence between the values of Hindu consumers, derived from the dharma--the sacred moral order--and the values of social workers, derived from a Western Enlightenment discourse, are highlighted. The author offers practice-oriented suggestions to facilitate cultural sensitivity and to further integrate the spiritual strengths of Hindus into the clinical dialogue.

Holt, J. [State University of New York at Buffalo; jholt@kaleidahealth.org]. "**Psychiatry and spirituality at the end of life: a case report**." *Psychiatric Services* 55, no. 6 (Jun 2004): 618-619, 622

Houskamp, B. M., Fisher, L. A. and Stuber, M. L. [Department of Graduate Psychology, Azusa Pacific University, Azusa, CA 91702; bhouskamp@apu.edu]. "**Spirituality in children and adolescents: research findings and implications for clinicians and researchers**." *Child & Adolescent Psychiatric Clinics of North America* 13, no. 1 (Jan 2004): 221-230.

[Abstract:] Spirituality is a powerful force in the lives of children. Although spirituality has only recently begun to be a focus for psychiatric research, initial qualitative data suggest that children experience themselves as spiritual beings and that understanding and connecting with them around their spiritual lives can be an important adjunct to treatment. Clinicians should feel free to ask about a child's spiritual life and to work with the family using their spiritual resources if they are perceived to be beneficial in helping the child and family cope with their current situation. Because the work with children's spirituality is in its preliminary stages, qualitative methodology is still the recommended research method for investigating questions in this research area.

Hummer, R. A., Ellison, C. G., Rogers, R. G., Moulton, B. E. and Romero, R. R. [Population Research Center and Department of Sociology, University of Texas at Austin, Austin, TX 78712; rhummer@prc.utexas.edu]. "**Religious involvement and adult mortality in the United States: review and perspective**." *Southern Medical Journal* 97, no. 12 (Dec 2004): 1223-1230. [Review, 63 refs.]

[Abstract:] OBJECTIVES: The scientific community has recently taken a serious interest in the relation between religious involvement and adult mortality risk in the United States. We review this literature, highlighting key findings, limitations, and future challenges. METHODS: Literature from medicine, epidemiology, and the social sciences is included. RESULTS: Taken together, the existing research indicates that religious involvement is related to US adult mortality risks. The evidence is strongest for public religious attendance and across specific religious denominations. The evidence is weakest for private religious activity. The mechanisms by which religious involvement appear to influence mortality include aspects of social integration, social regulation, and psychological resources. CONCLUSIONS: The religion-mortality literature has developed in both size and quality over the past decade. Fruitful avenues for continued research include the analysis of (1) more dimensions of religious involvement, including religious life histories; (2) population subgroups, including specific race/ethnic and socioeconomic populations; and (3) a richer set of social, psychologic, and behavioral mechanisms by which religion may be related to mortality.

Hurwitz, C. A., Duncan, J. and Wolfe, J. [Pediatric Advanced Care Team, Department of Pediatric Oncology, Dana-Farber Cancer Institute, Boston, MA]. "**Caring for the child with cancer at the close of life: 'there are people who make it, and I'm hoping I'm one of them'**." *JAMA* 292, no. 17 (Nov 3, 2004): 2141-2149.

[From the abstract:] …Using the comments of a child in the terminal phase of acute leukemia, his mother, and his physician, we describe opportunities and important lessons often revealed only when families and their caregivers face the end of a child's life. A broad-minded assessment of the patient's and family's physical, emotional, and spiritual needs and clarification of realistic goals and hopes not only improves the clinical care that the patient receives but also contributes to the sense of satisfaction and meaning that the physician can gain from the experience of caring for children at the end of life.

Inspector, Y., Kutz, I. and David. D. [Shalvatah Psychiatric Center, Hod Hasharon, Israel; yoramins@netvision.net.il]. "**Another person's heart: magical and rational thinking in the psychological adaptation to heart transplantation**." *Israel Journal of Psychiatry & Related Sciences* 41, no. 3 (2004): 161-73.

[Abstract:] BACKGROUND: The goal of this study was to examine heart transplant recipients' psychological adaptation to another person's heart, with particular emphasis on recipients' attitudes toward graft and donor. METHOD: Thirty-five male heart recipients were examined by: the Symptom Distress Checklist (revised) (SCL-90-R); the Depression Adjective Checklist (DACL); a Post-Traumatic Stress Disorder Questionnaire (PTSD-Q); a Heart Image Questionnaire (HIQ); and a Semi-Structured Interview (SSI), aimed at eliciting attitudes and fantasies regarding the transplanted heart. RESULTS: All instruments indicated high levels of stress even several years after the transplant, but, simultaneously, 73% of recipients felt that acquiring a new heart had had a dramatic influence on their lives with a new appreciation of the preciousness of life and a shift of priorities, toward altruism and spirituality. Sixty percent returned to work after the transplant but some had to adapt to a changed attitude from those around them who regarded them as anything from mystical creatures to vulnerable or still-sick individuals. While all recipients possessed a scientific knowledge of the anatomy and physiological significance of the heart (as revealed in the HIQ), many endorsed fantasies and displayed magical thinking: 46% of the recipients had fantasies about the donor's physical vigor and prowess, 40% expressed some guilt regarding the death of the donor, 34% entertained the possibility of acquiring qualities of the donor via the new heart. When asked to choose a most and least preferred imagined donor, 49% constructed their choices according to prejudices, desires, or fears related to ethnic, racial or sexual traits attributed to the donor. CONCLUSIONS: This study confirms the intuitive idea that heart transplant involves a stressful course of events that produces an amplified sense of the precariousness of existence. Simultaneously, it gives rise to rejoicing at having been granted a new lease on life and a clear sense of new priorities, especially with regard to relationships. Less expectedly, this study shows that, despite sophisticated knowledge of anatomy and physiology, almost half the heart recipients had an overt or covert notion of potentially acquiring some of the donor's personality characteristics along with the heart. The concomitance of the magical and the logical is not uncommon in many areas of human existence, and is probably enhanced by the symbolic nature of the heart, and maybe, also, by the persistent stress that requires an ongoing, emotionally intense, adaptation process.

Jackson, J. [St. Oswald's Hospice, Regent Avenue, Gosforth, Newcastle upon Tyne, NE3 1EE, UK; janet@stospont.fsnet.co.uk], "**The challenge of providing spiritual care**." *Professional Nurse* 20, no. 3 (Nov 2004): 24-26.

[Abstract:] Spirituality is an essential element of holistic nursing and nurses need the knowledge and confidence to address spiritual issues with patients. This paper describes the development of a tool to help with broaching this sensitive aspect of care. It argues that nurses need to examine their own spiritual needs in order to be able to help others.

Jang, T., Kryder, G. D., Char, D., Howell, R., Primrose, J. and Tan, D. [Division of Emergency Medicine, Washington University, School of Medicine St. Louis, Missouri 63110; jangt@msnotes.wustl.edu]. "**Prehospital spirituality: how well do we know ambulance patients?**" *Prehospital & Disaster Medicine* 19, no. 4 (Oct-Dec 2004): 356-361.

[Abstract:] OBJECTIVE: To assess the religious spirituality of EMS personnel and their perception of the spiritual needs of ambulance patients. METHODS: Emergency medical technicians (EMTs) and paramedics presenting to an urban, academic emergency department (ED) were asked to complete a three-part survey relating to demographics, personal practices, and perceived patient needs. Their responses were compared to those of ambulance patients presenting to an ED during a previous study period and administered a similar survey. RESULTS: A total of 143 EMTs and 89 paramedics returned the surveys. There were 161 (69.4%) male and 71 (30.6%) female respondents with a median age range of 26-35 years old. Eighty-seven percent believed in God, 82% practiced prayer or meditation, 62% attended religious services occasionally, 55% belonged to a religious organization, 39% felt that their beliefs affected their job, and 18% regularly read religious material. This was similar to the characteristics of ambulance patients. However, only 43% felt that occasionally ambulance patients presented with spiritual concerns and 78% reported never or rarely discussing spiritual issues with patients. Contrastingly, > 40% of ambulance patients reported spiritual needs or concerns at the time of ED presentation, and > 50% wanted their providers to discuss their beliefs. Twenty-six percent of respondents reported praying or meditating with patients, while 50% reported praying or meditating for patients. Females were no more religious or spiritual than males, but were more likely to engage in prayer with (OR = 2.38, p = 0.0049) or for (OR = 6.45, p < 0.0001) patients than their male counterparts. CONCLUSION: EMTs and paramedics did not perceive spiritual concerns as often as reported by ambulance patients, nor did they commonly inquire about the religious/spiritual needs of patients.

Jansen, D. A. and von Sadovszky, V. [Adult Health Nursing, University of Wisconsin-Eau Claire]. "**Restorative activities of community-dwelling elders**." *Western Journal of Nursing Research* 26, no. 4 (Jun 2004): 381-399. Discussion on pp. 400-404.

This study of community-dwelling elders (28 women and 2 men, ages 65 to 92 years), using open-ended interviews, identified "spirituality and reflection" as one of 12 categories of restorative activities [—see p. 392 and the table on p. 387]. Among other findings: "sense of a higher being" was identified as one of the benefits of restorative activities [—see p. 395].

Johnson, M. R. [Mary Seacole Research Centre, De Montfort University, Leicester, UK;. mrdj@dmu.ac.uk]. "**Faith, prayer, and religious observances**." *Clinical Cornerstone* 6, no. 1 (2004): 17-24.

[Abstract:] Religious and spiritual beliefs and their associated ritual or behavior play a major role in the lives of many people, and their observance can have critical impact on health care. Membership in a faith group provides an identity as well as support and may suggest acceptable patterns of behavior. This article discusses ways in which understanding of the underlying nature of religious belief and behavior may assist the clinician. Practices that are fundamentally similar among different religions and which may constrain treatment plans are compared. Guidelines are provided, and pointers given on key religious observances among major faith groups, while noting that levels of adherence and observance are highly personal.

Josephson, A. M. [Division of Child and Adolescent Psychiatry, Department of Psychiatry and Behavioral Sciences, University of Louisville School of Medicine, Louisville, KY 40292; Allan.josephson@louisville.edu]. "**Formulation and treatment: integrating religion and spirituality in clinical practice**." *Child & Adolescent Psychiatric Clinics of North America* 13, no. 1 (Jan 2004): 71-84.

[Abstract:] Developing scientifically sound and clinically meaningful case formulations is so challenging that it may verge on becoming a "lost art." Pressures (scientific, economic, and cultural) remain that prevent child and adolescent psychiatrists from getting a complete understanding of the patient and family. Including a strong consideration of data related to religion, spirituality, and worldview may seem only to complicate an already arduous task. The clinician who includes these factors in treatment is faced with decisions of when to discuss these issues, how to discuss them and in what depth, and finally, when to refer to a religious/spiritual professional. Nonetheless, the importance of these factors in the lives of many children and families leaves no option but to address them as directly as possible. It is well worth the effort and, in many cases, will open new areas for clinical improvement in patients.

Josephson, A. M. and Dell, M. L. [Division of Child and Adolescent Psychiatry, Department of Psychiatry and Behavioral Sciences, University of Louisville School of Medicine, Louisville, KY; Allan.josephson@louisville.edu]. "**Religion and spirituality in child and adolescent psychiatry: a new frontier**." *Child & Adolescent Psychiatric Clinics of North America* 13, no. 1 (Jan 2004): 1-15, v.

[Abstract:] This article introduces the interface between child and adolescent psychiatry and religion and spirituality. Developmental psychopathology has become increasingly diverse in its study of risk and protective factors for child and adolescent psychopathology. The effect of religion and spirituality on clinical conditions is among those factors. This review addresses (1) historical aspects of the relationship between psychiatry and religion/spirituality, (2) definitional issues, and (3) unique factors in child and adolescent work. Considering these factors and some general principles of intervention, it prepares the reader for other articles in this issue. The article concludes with some observations on the "secular family".

Kacela, X. [Odyssey Healthcare, Dallas, TX]. "**Religious maturity in the midst of death and dying**." *American Journal of Hospice & Palliative Care* 21, no. 3 (May-Jun 2004): 203-208.

[Abstract:] Healthy religious experience is defined by certain qualities of expression. In an effort to explore the concept of mature religious phenomenology, this article includes descriptions of two encounters from personal pastoral experience. The first encounter shows how a person with an unhealthy religious experience faces death. The second encounter describes an expression of mature religious experience in the face of death and how a pastoral caregiver can facilitate its outcome. This is followed by a pastoral theological response.

Kane, J. R., Hellsten, M. B. and Coldsmith, A. [Department of Pediatrics, UTHSC-SA, 7703 Floyd Curl Dr, San Antonio, TX 78229; kane@uthscsa.edu]. "**Human suffering: the need for relationship-based research in pediatric end-of-life care**." *Journal of Pediatric Oncology Nursing* 21, no. 3 (May-Jun 2004): 180-185. [Review; 29 refs.]

The authors note the need for research into the suffering of children with advanced cancer. [From the abstract:] Studies should assess as many theoretical models as possible, including the social network, perceptions of support, and provider-recipient interactions; their physical, emotional, behavioral, and spiritual concomitants; and their impact on medical decision making and health outcomes. Future directions in pediatric end-of-life care research must also include evaluating social and spiritual interventions developed on the basis of solid hypotheses regarding the positive and negative influences of interpersonal dynamics on the processes that mediate between suffering and well-being.

Kraut, A., Melamed, S., Gofer, D. and Froom, P. [Departments of Internal Medicine and Community Health Sciences, University of Manitoba, Winnipeg, Canada]. "**Association of self-reported religiosity and mortality in industrial employees: the CORDIS study**." *Social Science & Medicine* 58, no. 3 (Feb 2004): 595-602.

[Abstract:] This study examined the association between self-reported religiosity and mortality in industrial employees, while controlling for workplace and socioeconomic factors. Subjects were 3638 Jewish Israeli males who participated in a 12-year follow-up study. During this period 253 deaths were recorded. The prevalence of negative workplace and sociodemographic factors: lower education, non-European origin, heavy physical work, blue-collar jobs and adverse job and environmental conditions, was highest among religious employees, and lower in traditional and nonreligious employees in descending order. Using Cox's proportionate hazard model an age by religiosity interaction on mortality was uncovered. In younger employees (age <55 years) religiosity was associated with lower adjusted mortality, after controlling for negative workplace and sociodemographic factors. Compared with nonreligious employees, the hazard ratios for the religious and traditional employees were: 0.64 (p=0.016) and 0.39 (p=0.118), respectively. In older employees (age >/=55 years), religiosity was associated with higher adjusted mortality. The corresponding hazards ratios were 1.69 (p=0.011) and 1.08 (p=0.004), even after controlling for the above possible confounding variables. It was concluded that religiosity had a protective effect on mortality in younger employees, but the reverse was true for older employees. This opposite trend could not be explained by negative sociodemographic and workplace conditions. The possibility of involvement of yet another potent factor of social isolation was discussed.

King, D. E., Blue, A., Mallin, R. and Thiedke, C. [Department of Family Medicine, Medical University of South Carolina, Charleston, 29425; kingde@musc.edu]. "**Implementation and assessment of a spiritual history taking curriculum in the first year of medical school**." *Teaching & Learning in Medicine* 16, no. 1 (Winter 2004): 64-68.

[Abstract:] BACKGROUND: The Association of American Medical Colleges has recommended addressing spirituality in the medical curriculum. DESCRIPTION: To evaluate the impact of a spiritual history-taking curriculum on the skills, knowledge, and attitudes of 1st year medical students. The study implemented a spiritual history-taking curriculum in the 1st year of medical school that included reading assignments, practice history taking, and standardized patient (SP) scenarios with spiritual content. It assessed students' performance in three ways: (a) using a videotaped SP interview, (b) a survey of students' attitudes regarding incorporating patients' religious and cultural views into medical decision making, and (c) a written test question on their first examination. EVALUATION: Students (146) took part in the medical school's spirituality curriculum, which included participation in videotaped interviews; 98% completed the initial survey, and 75% completed the follow-up survey. On the final videotaped SP interview, 65% of students were able to recognize the patient's spiritual concern according to trained faculty observers. On the attitude survey, there was an increased desire to accommodate patients' beliefs, although the magnitude of the increase was generally quite small. Ninety-four percent of students answered the test question correctly. CONCLUSION: Spiritual history taking can be integrated effectively into the existing history-taking curriculum in 1st year medical training.

Kinzbrunner, B. M. [barry.kinzbrunner@vitas.com]. "**Jewish medical ethics and end-of-life care**." *Journal of Palliative Medicine* 7,no. 4 (Aug 2004): 558-573. [Review, 36 refs.]

[Abstract:] While Judaism espouses the infinite value of human life, Judaism recognizes that all life is finite and, as such, its teachings are compatible with the principles of palliative medicine and end-of-life care as they are currently practiced. Jewish medical ethics as derived from Jewish law, has definitions for the four cardinal values of secular medical ethics: autonomy, beneficence, nonmaleficence, and justice, with the major difference between Jewish law and secular medical ethics being that orthodox or traditional Jews are perceived to limit their autonomy by choosing, with the assistance and advice of their rabbis, to follow God's law as defined by the Bible and post-Biblical sources. With an understanding of Jewish medical ethics as defined by Jewish law, various issues pertaining to the care of Jewish patients who are near the end-of-life can be better understood. Jewish tradition contains within its textual sources the concept of terminal illness. The shortening of life through suicide, assisted suicide, or euthanasia is categorically forbidden. For patients who are terminally ill, treatments that are not potentially curative may be refused, especially when harm may result. Under certain circumstances, treatments may be withheld, but active treatment already started may not usually be withdrawn. While patients should generally not be lied to regarding their conditions, withholding information or even providing false information may be appropriate when it is felt that the truth will cause significant harm. Pain and suffering must be treated aggressively, even if there is an indirect risk of unintentionally shortening life. Finally, patients may execute advance directives, providing that the patient's rabbi is involved in the process.

Keeley, M. P. [Department of Communication Studies Texas State University, San Marcos, TX 78666; mk09@txstate.edu]. "**Final conversations: survivors' memorable messages concerning religious faith and spirituality**." *Health Communication* 16, no. 1 (2004): 87-104.

[Abstract:] This article reports on the findings from a project exploring final conversations (FCs). The FC project examines communication with the terminally ill from the often-overlooked survivor's perspective (N = 30). The researcher focuses purposely on one major theme discovered in the FC interviews, that of messages shared regarding religious faith or spirituality. Messages pertaining to religious faith or spirituality were identified in 26 of the 30 FC interviews. The results revealed that validation-comfort and validation-community were the dominant themes in FC. Further, when framed as memorable messages, these FC excerpts revealed three "rules of conduct" relating to the following: (a) how to cope with life's challenges after a loved one is gone, (b) how to be involved in the death and dying process, and (c) how to enact or live your religion or spirituality. Implications for health communication theory and research, as well as comforting literature, are discussed.

Kelly, J. [Waterford Regional Hospital, Waterford, Ireland; Amnesia104@hotmail.com]. "**Spirituality as a coping mechanism**." *DCCN - Dimensions of Critical Care Nursing* 23, no. 4 (Jul-Aug 2004): 162-168. [Review; 45 refs.]

[Abstract:] Spirituality as a coping mechanism can be observed to be a powerful resource in the provision of comfort, peace, and resolution for patients confronted with critical illness. While the exact machinery of spirituality in adaptation and adjustment to illness is enigmatic, the

complementary benefits are clearly illustrated in the analysis of recounted personal experiences. Analysis of interactions with patients living the experience of coping with critical illness provides nurses with a means of reflection and transformational learning which improves and preserves the spiritual heritage of nursing care.

Kirby, S. E., Coleman, P. G. and Daley, D. [School of Psychology, University of Southampton, England]. "**Spirituality and well-being in frail and nonfrail older adults**." *Journals of Gerontology Series B-Psychological Sciences & Social Sciences* 59, no. 3 (May 2004): P123-P129.

[Abstract:] Previous studies have identified that spiritual beliefs contribute to psychological well-being (PWB) in older people, but limited research has considered the effects of spirituality on PWB when physical health deteriorates and people become frail. We recruited 233 British participants from warden-controlled retirement housing to complete interviewer-administered questionnaires. Results showed that, after we controlled for marital status, age, education, other health problems, and gender, degree of frailty had a negative effect on PWB. Spirituality was also a significant predictor of PWB and moderated the negative effects of frailty on PWB. Therefore, this study suggests that spirituality is a resource in maintaining PWB, and that the use of this resource is more significant for individuals with greater levels of frailty.

Kliewer, S. [Department of Family Medicine, Oregon Health and Science University, Portland, OR 97201; kliewers@ohsu.edu]. "**Allowing spirituality into the healing process**." *Journal of Family Practice* 53, no. 8 (Aug 2004): 616-624.

The author addresses the importance of spirituality to many patients, outlines research indicating clinical pertinence of patient spirituality, and offers specific practice recommendations.

Kligler, B. [Department of Family Medicine, Beth Israel Medical Center, New York, NY 10016; bkligler@bethisraelny.org]. "**The role of the optimal healing environment in the care of patients with diabetes mellitus type II**." *Journal of Alternative & Complementary Medicine* 10, Suppl. 1 (2004): S223-S229. [Review, 33 refs.]

This article looks at the concept of the Optimal Healing Environment (OHE) as including [from the abstract:] general and specific physical, medical, behavioral, psychological, social and spiritual components. Type 2 diabetes mellitus, primarily a disease of lifestyle, provides an excellent opportunity to investigate the potential impact of this broader model of care on a chronic illness. This paper proposes a strategy for studying the application of the OHE model to the care of patients with type 2 diabetes…

Koenig, H. G. [Duke University Medical Center and GRECC VA Medical Center, Durham, NC]. "**Taking a spiritual history**." *JAMA* 291, no. 23 (Jun 16, 2004): 2881.

In this very brief STUDENTJAMA article, a leading voice is spirituality and health research, addresses the practice and value of taking spiritual histories.

Koenig, H. G., George, L. K. and Titus, P. [Department of Psychiatry, Duke University Medical Center, Durham, NC 27710; koenig@geri.duke.edu]. "**Religion, spirituality, and health in medically ill hospitalized older patients**." *Journal of the American Geriatrics Society* 52, no. 4 (Apr 2004): 554-562.

[Abstract:] OBJECTIVES: To examine the effect of religion and spirituality on social support, psychological functioning, and physical health in medically ill hospitalized older adults. DESIGN: Cross-sectional survey. SETTING: Duke University Medical Center. PARTICIPANTS: A research nurse interviewed 838 consecutively admitted patients aged 50 and older to a general medical service. MEASUREMENTS: Measures of religion included organizational religious activity (ORA), nonorganizational religious activity, intrinsic religiosity (IR), self-rated religiousness, and observer-rated religiousness (ORR). Measures of spirituality were self-rated spirituality, observer-rated spirituality (ORS), and daily spiritual experiences. Social support, depressive symptoms, cognitive status, cooperativeness, and physical health (self-rated and observer-rated) were the dependent variables. Regression models controlled for age, sex, race, and education. RESULTS: Religiousness and spirituality consistently predicted greater social support, fewer depressive symptoms, better cognitive function, and greater cooperativeness ($P<.01$ to $P<.0001$). Relationships with physical health were weaker, although similar in direction. ORA predicted better physical functioning and observer-rated health and less-severe illness. IR tended to be associated with better physical functioning, and ORR and ORS with less-severe illness and less medical comorbidity (all $P<.05$). Patients categorizing themselves as neither spiritual nor religious tended to have worse self-rated and observer-rated health and greater medical comorbidity. In contrast, religious television or radio was associated with worse physical functioning and greater medical comorbidity. CONCLUSION: Religious activities, attitudes, and spiritual experiences are prevalent in older hospitalized patients and are associated with greater social support, better psychological health, and to some extent, better physical health. Awareness of these relationships may improve health care.

Koenig, H. G., George, L. K., Titus, P. and Meador, K. G. [Department of Psychiatry, Duke University Medical Center, Durham, NC 27710; koenig@geri.duke.edu]. "**Religion, spirituality, and acute care hospitalization and long-term care use by older patients**." *Archives of Internal Medicine* 164, no. 14 (Jul 26, 2004): 1579-1585.

[Abstract:] BACKGROUND: The impact of religion and spirituality on acute care hospitalization (ACH) and long-term care (LTC) in older patients before, during, and after ACH is not well known. METHODS: Patients 50 years or older consecutively admitted to the general medical service at Duke University Medical Center were interviewed shortly after admission ($N = 811$). Measures of religiosity were organized religious activity (ORA), nonorganizational religious activity (NORA), religiosity through religious radio and/or television (RTV), intrinsic religiosity, and self-rated religiousness. Measures of spirituality included self-rated spirituality and daily spiritual experiences (DSE). Primary outcome was number of ACH days during an average 21-month observation period. Secondary outcomes were times hospitalized and number of days spent in a nursing home or rehabilitation setting (collectively, long-term care: LTC). Race and sex interactions were examined. RESULTS: In the cross-sectional analysis, ORA was the only religious variable related to fewer ACH days and fewer hospitalizations, an effect that is fully explained by physical health status and that disappeared when examined prospectively. The number of LTC days was inversely related to NORA, RTV, and DSE, effects that were partially explained by social support but not by severity of medical illness. Interactions with race and sex were notable but reached statistical significance only among African Americans and women. In those groups, religious and/or spiritual characteristics also predicted future LTC use independent of physical health and baseline LTC status. CONCLUSIONS: Relationships with ACH were weak, were confined to ORA only, and disappeared in prospective analyses. However, robust and persistent effects were documented for religiousness and/or spirituality in the use of LTC among African Americans and women.

Krause, N. [School of Public Health and Institute of Gerontology, University of Michigan, Ann Arbor, MI; nkraus@umich.edu]. "**Common facets of religion, unique facets of religion, and life satisfaction among older African Americans**." *Journals of Gerontology Series B-Psychological Sciences & Social Sciences* 59, no. 2 (Mar 2004): S109-S117.

[Abstract:] OBJECTIVES: Common facets of religion are those aspects of religion that can be shared by people from any racial group. In contrast, unique facets of religion are available only to people in specific racial groups. The purpose of this study is to evaluate the interface among common facets of religion, unique facets of religion, and life satisfaction in a nationwide sample of older Black people. METHODS: Interviews were conducted with a nationally representative sample of older African Americans. Survey items were administered to assess common religious factors (e.g., the frequency of church attendance) and unique religious factors (i.e., the belief that religion sustains Black people in the face of racial adversity). Subjective well-being was measured with a life satisfaction index. RESULTS: The findings reveal that both the common and the unique aspects of religion contribute to life satisfaction among older African Americans. DISCUSSION: Most studies on race differences in religion focus solely on common religious factors that may enhance the subjective well-being of older Whites as well as older Blacks. The findings from this study are important because they call attention to the insight that can be obtained by also taking the unique facets of religion for older Black people into consideration.

Krause, N. [Department of Health Behavior and Health Education, School of Public Health, The University of Michigan, Ann Arbor, MI 48109-2029; nkrause@umich.edu]. "**Religion, aging, and health: exploring new frontiers in medical care**." *Southern Medical Journal* 97, no. 12 (Dec 2004): 1215-1222, 2004 Dec. [Review, 56 refs.]

[Abstract:] The purpose of this review article is to selectively examine research that was designed to evaluate the relation between religious involvement and health among older people. Four facets of religion are examined in detail: church-based social support, religious coping, forgiveness, and prayer. In addition, potential negative effects of religion on health are discussed. Negative interaction in the church as well as religious doubt are evaluated in this respect. Throughout, an effort is made to show how current research on religion and health may be used to provide more comprehensive care for our aging population.

Lange, R., Greyson, B. and Houran, J. [Southern Illinois University School of Medicine]. "**A Rasch scaling validation of a 'core' near-death experience**." *British Journal of Psychology* 95, pt. 2 (May 2004): 161-177.

[Abstract:] For those with true near-death experiences (NDEs), Greyson's (1983, 1990) NDE Scale satisfactorily fits the Rasch rating scale model, thus yielding a unidimensional measure with interval-level scaling properties. With increasing intensity, NDEs reflect peace, joy and harmony, followed by insight and mystical or religious experiences, while the most intense NDEs involve an awareness of things occurring in a different place or time. The semantics of this variable are invariant across True-NDErs' gender, current age, age at time of NDE, and latency and intensity of the NDE, thus identifying NDEs as 'core' experiences whose meaning is unaffected by external variables, regardless of variations in NDEs' intensity. Significant qualitative and quantitative differences were observed between True-NDErs and other respondent groups, mostly revolving around the differential emphasis on paranormal/mystical/religious experiences vs. standard reactions to threat. The findings further suggest that False-Positive respondents reinterpret other profound psychological states as NDEs. Accordingly, the Rasch validation of the typology proposed by Greyson (1983) also provides new insights into previous research, including the possibility of embellishment over time (as indicated by the finding of positive, as well as negative, latency effects) and the potential roles of religious affiliation and religiosity (as indicated by the qualitative differences surrounding paranormal/mystical/religious issues).

La Torre, M. A. [malinvis@yahoo.com]. "**Prayer in psychotherapy: an important consideration**." *Perspectives in Psychiatric Care* 40, no. 1 (Jan-Mar 2004): 2, 39-40.

The author reviews the topic generally, offers guidelines for practice, and uses the illustration of a case study.

Laubmeier, K. K., Zakowski, S. G. and Bair, J. P. [Department of Psychology, Finch University of Health Sciences, Chicago Medical School, 3333 Green Bay Road, North Chicago, Illinois 60064; klaubmeier@hotmail.com]. "**The role of spirituality in the psychological adjustment to cancer: a test of the transactional model of stress and coping**." *International Journal of Behavioral Medicine* 11, no. 1 (2004): 48-55.

[Abstract:] Recent studies in the oncology literature have shown that spirituality, defined as the combination of existential and religious well-being (RWB), is related to both emotional well-being and quality of life. Indeed, spirituality may be particularly important in coping with the potential life threat of the disease. Based on Frankl's (1963) existential theory, in this study, we examined whether the relations between spirituality and emotional well-being are moderated by degree of perceived life threat (PLT). In addition, in this study, we examined the relative importance of religious versus existential well-being in relation to psychological adjustment. Patients diagnosed with various types of cancer (N = 95) completed questionnaires assessing spirituality, PLT, quality of life, and distress. Contrary to theoretical predictions, spirituality was associated with less distress and better quality of life regardless of PLT. Interestingly, existential but not RWB accounted for a major portion of the variance in these outcomes. Taken together, these findings suggest that spirituality, particularly the existential component, may be associated with reduced symptoms of distress in cancer patients regardless of life threat.

Lawrence, R. T. and Smith, D. W. [Montgomery Center for Family Medicine, Greenwood Family Practice Residency, Greenwood, SC; blawrence@selfregional.org]. "**Principles to make a spiritual assessment work in your practice**." *Journal of Family Practice* 53, no. 8 (Aug 2004): 625-631.

The authors offer specific guidelines and practice recommendations.

Leblanc, A. J., Driscoll, A. K. and Pearlin, L. I. [MDRC, Regional Office, 475 14th Street, Suite 750, Oakland, CA 94612-1900; allen.leblanc@mdrc.org]. "**Religiosity and the expansion of caregiver stress**." *Aging & Mental Health* 8, no. 5 (Sep 2004): 410-421.

[Abstract:] We present a stress process framework as a model for understanding how religiosity may influence the expansion of stress. Survey data from informal caregivers to a spouse with Alzheimer's disease or a related dementia (n = 200) were analyzed to observe the relationships among three variables: (1) care-related stress, (2) religiosity, and (3) depression. This sample, which has a mean age of 73 years, demonstrates high rates of self-described religiosity, church attendance and frequency of prayer. Using these criteria, women and racial/ethnic minority caregivers are the most religious. In a series of multivariate analyses, we found strong evidence to suggest that there is an expansion of care-related stressors leading to depression in this sample. Religiosity, as measured here, appears to be largely unrelated to stress and stress

expansion. We found no evidence to suggest that it moderates stress expansion. However, these data do suggest that one stressor--feelings of role overload--is correlated with greater levels of self-perceived religiosity, which among caregivers who have health problems of their own is associated with greater depressive symptomatology. Thus, for a sub-sample of these caregivers, we find weak evidence of a mediation effect wherein one subjective, non-organizational dimension of religiosity is a conduit of the harmful effects of stress (rather than a suppressor). Results and data limitations are discussed in relation to better assessing the role of religiosity and spirituality in the experience of the stress process.

Leuthner, S. R. [Division of Neonatology, Department of Pediatrics, Center for the Study of Bioethics, Medical College of Wisconsin, Children's Hospital of Wisconsin, Milwaukee, WI 53226; leuthner@mcw.edu]. "**Fetal palliative care**." *Clinics in Perinatology* 31, no. 3 (Sep 2004): 649-65. [Review, 51 refs.]

[Abstract:] Efforts in advance palliative care planning for the fetus at risk of dying are as meaningful and should be as clinically and socially acceptable as the provision of continued life-extending endeavors. The diagnosis of a fetus at risk of dying because of a lethal anomaly or prematurity is a monumental moment in a family's life. It requires not only extensive team counseling about complex neonatal and obstetric medical management but also acknowledgment, counseling, and support of complex mental health, ethical, spiritual issues. To participate in the care of these families during a tremendously personal time is sad but also rewarding personally and professionally.

Linley, P. A. and Joseph, S. [Department of Psychology, University of Warwick, Coventry, UK; PAL8@le.ac.uk]. "**Positive change following trauma and adversity: a review**." *Journal of Traumatic Stress* 17, no. 1 (Feb 2004): 11-21. [Review, 56 refs.]

[Abstract:] Empirical studies (n = 39) that documented positive change following trauma and adversity (e.g., posttraumatic growth, stress-related growth, perceived benefit, thriving; collectively described as adversarial growth) were reviewed. The review indicated that cognitive appraisal variables (threat, harm, and controllability), problem-focused, acceptance and positive reinterpretation coping, optimism, religion, cognitive processing, and positive affect were consistently associated with adversarial growth. The review revealed inconsistent associations between adversarial growth, sociodemographic variables (gender, age, education, and income), and psychological distress variables (e.g., depression, anxiety, posttraumatic stress disorder). However, the evidence showed that people who reported and maintained adversarial growth over time were less distressed subsequently. Methodological limitations and recommended future directions in adversarial growth research are discussed, and the implications of adversarial growth for clinical practice are briefly considered.

Linnard-Palmer, L. and Kools, S. [Dominican University of California, San Rafael, CA 94901]. "**Parents' refusal of medical treatment based on religious and/or cultural beliefs: the law, ethical principles, and clinical implications**." *Journal of Pediatric Nursing* 19, no. 5 (Oct 2004): 351-356. [Review, 20 refs.]

[Abstract:] When parents apply religious or cultural beliefs concerning spiritual healing, faith healing, or preference for prayer over traditional health care for children, concerns develop. Medical care is considered one of the most basic of all human needs, and yet parents may elect to apply religious or cultural beliefs in place of traditional Western medical care for their children. Because memberships in religious groups that have beliefs concerning prayer and health care for children are increasing, the topic is of great importance for pediatric health professionals. This article describes parental refusal of medical care, and it discusses the legal, ethical, and clinical implications.

Lomas, D., Timmins, J., Harley, B. and Mates, A. [United Lincolnshire Hospitals NHS Trust]. "**The use of pastoral and spiritual support in bereavement care**." *Nursing Times* 100, no. 31 (Aug 3-9, 2004): 34-35.

[Abstract:] For many people, the death of a loved one can result in feelings of shock, numbness or denial, even though they may have been expecting it for some time. Pastoral and spiritual care is a vital part of an authentic, holistic health care service. Nurses need to be aware of the needs of relatives and friends of the deceased and understand their role in practical matters such as death certificates, cremation forms and last offices.

Lutgendorf, S. K., Russell, D., Ullrich, P., Harris, T. B. and Wallace, R. [Department of Psychology, University of Iowa, Iowa City, IA 52242; susan-lutgendorf@uiowa.edu]. "**Religious participation, interleukin-6, and mortality in older adults**." *Health Psychology* 23, no. 5 (Sep 2004): 465-475.

[Abstract:] This study prospectively examined the relationship between religious attendance, interleukin-6 (IL-6) levels, and mortality rates in a community-based sample of 557 older adults. Attending religious services more than once weekly was a significant predictor of lower subsequent 12-year mortality and elevated IL-6 levels (> 3.19 pg/mL), with a mortality ratio of.32 (95% confidence interval [CI] = 0.15,0.72; p <.01) and an odds ratio for elevated IL-6 of.34 (95% CI = 0.16, 0.73, p <.01), compared with never attending religious services. Structural equation modeling indicated religious attendance was significantly related to lower mortality rates and IL-6 levels, and IL-6 levels mediated the prospective relationship between religious attendance and mortality. Results were independent of covariates including age, sex, health behaviors, chronic illness, social support, and depression. Findings are consistent with a role for IL-6 in processes mediating the relationship between religious attendance and mortality.

Mabe, P. A. and Josephson, A. M. [Department of Psychiatry and Health Behavior, Medical College of Georgia, Augusta, GA 30912-3800;. amabe@mail.mcg.edu]. "**Child and adolescent psychopathology: spiritual and religious perspectives**." *Child & Adolescent Psychiatric Clinics of North America* 13, no. 1 (Jan 2004): 111-25, vii-viii.

[Abstract:] This article addresses the relationship between children's religious beliefs and spiritual practices and the presence of psychopathology. Study of this subject represents a formidable task due to the complexity and diversity of the constructs involved, heterogeneity in religious beliefs and practices, and the difficulty in discriminating between the independent effects of religion and culture. Nevertheless, broad links between child psychopathology and spiritual/religious beliefs and practices are proposed. On the whole, the available empiric data suggest that religion is primarily health promoting in direct, positive benefits for children and in indirect, positive effects through parent and family functioning, although there are isolated exceptions. When spirituality and religious beliefs/practices are associated with negative mental health outcomes in children or their families, evidence points to "poorness-of-fit," based on an interaction between the child's psychopathology and aspects and religious beliefs/practice. Clinical implications of the findings and proposals are outlined.

MacLaren, J. [Millview Hospital, Hove, UK; jessicamargaretmaclaren@yahoo.co.uk]. "**A kaleidoscope of understandings: spiritual nursing in a multi-faith society**." *Journal of Advanced Nursing* 45, no. 5 (Mar 2004): 457-462; discussion 462-464. [Review, 32 refs.]

[Abstract:] BACKGROUND: Spirituality is an increasingly discussed topic in nursing. In some parts of the UK there is a policy requirement to establish policies of spiritual health care which are appropriate to a multi-cultural society. In the nursing literature, spirituality is discussed from religious and secular perspectives which seem impossible to reconcile into a coherent philosophy. AIMS: To discuss the relationship of spirituality to nursing and to suggest how we can think about spirituality as nurses working in a society of many faiths and cultures. DISCUSSION: Spirituality can be thought of in relation to individual patients and nurses. It also has significance for the profession of nursing and for health care as a whole. The difficulty of defining spirituality is discussed, and it is suggested that a definition of 'spiritual nursing' may be more achievable. Different concepts of spirituality are compared, including religious and secular spirituality. The relationship between religion and spirituality is seen as potentially problematic, with some religions denying the existence of secular spirituality. Secular spirituality and New Age movements are non-religious but spiritually influential phenomena. The problem for nursing is how to reconcile the immense variety of approaches to spirituality. CONCLUSIONS: The concept of spirituality as a meta-narrative is considered, and a postmodern appreciation of pluralism is employed as a way of embracing different spiritual realities. Spiritual nursing can be an opportunity for nurses to enlarge their understanding of the human condition rather than a narrowly defined concept to be applied within a model of practice.

Mahoney, A. and Pargament, K. I. [Bowling Green State University, Bowling Green, OH 43402; Amahone@bgnet.bgsu.edu]. "**Sacred changes: spiritual conversion and transformation**." *Journal of Clinical Psychology* 60, no. 5 (May 2004): 481-492.

[Abstract:] We use Pargament's (1997) definition of religion-"the search for significance in ways related to the sacred"-as a framework to understand spiritual conversion. Like other life-changing transformations, spiritual conversion alters the destinations that clients perceive to be of greatest importance in life (significance) and the pathways by which clients discover what is most significant in life (search). Unlike other transformative experiences, however, spiritual conversion incorporates the third element of religion, "the sacred," into the content of change. To illustrate these points, we discuss two theological models of spiritual conversion rooted in Christianity: a traditional model based on classic western theology and an alternative model based on feminist theology. We then compare processes of spiritual conversion to nonreligious models of transformation. We also highlight the importance for clinical work of the fit between the context of a client's life and the type of spiritual conversion experienced.

Marks, L. [School of Human Ecology, Louisiana State University, Baton Rouge, LA 70803; lorenm@lsu.edu.] "**Sacred practices in highly religious families: Christian, Jewish, Mormon, and Muslim perspectives**." *Family Process* 43, no. 2 (Jun 2004): 217-231.

[Abstract:] Quantitative research examining linkages between family relationships and religious experience has increased substantially in recent years. However, related qualitative research, including research that examines the processes and meanings behind recurring religion-family correlations, remains scant. To address this paucity, a racially diverse sample (N = 24) of married, highly religious Christian, Jewish, Mormon, and Muslim parents of school-aged children were interviewed regarding the importance of religious family interactions, rituals, and practices in their families. Mothers and fathers discussed several religious practices that were meaningful to them and explained why these practices were meaningful. Parents also identified costs and challenges associated with these practices. Interview data are presented in connection with three themes: (1) "practicing [and parenting] what you preach," (2) religious practices, family connection, and family communion, and (3) costs of family religious practices. The importance of family clinicians and researchers attending to the influence of religious practice in the lives of highly religious individuals and families is discussed.

Matin, M. and LeBaron, S. [Stanford University School of Medicine; mmatin@stanford.edu]. "**Attitudes toward cervical cancer screening among Muslim women: a pilot study**." *Women & Health* 39, no. 3 (2004): 63-77.

[Abstract: Background: Immigrant Muslim women have low rates of health care utilization, especially preventive care such as breast exams, mammograms, and cervical cancer screening. Religious and cultural beliefs, such as the value placed on modesty and premarital virginity, contribute to reluctance to seek health care. In addition, it has been unclear whether discussions of health care behavior that involve sexuality and reproductive health would be welcomed among immigrant Muslim women. Purposes: (1) To examine the impact of religious and cultural values on health care behavior of Muslim women from immigrant backgrounds in the San Francisco Bay Area, particularly with regard to cervical cancer screening; (2) To determine whether these women would welcome discussing values and beliefs regarding sexuality and reproductive health. Methods: Our key informants were five Muslim women who identified pelvic and Pap smear screening exams as major sources of anxiety for their community, and therefore major barriers to health care. Three focus groups were then convened, including 15 women ages 18-25, to discuss these issues in more detail. Results: Many Muslim women from immigrant backgrounds face challenges in obtaining adequate health care due to some common barriers of language, transportation, insurance, and family pressures. Additionally, many Muslim women resist screening practices that are the standard in the US but which threaten their cultural and religious values. Equally important, many health care professionals contribute to the women's challenges by making inappropriate recommendations regarding physical exams and reproductive health. The women were enthusiastic and candid in discussing these highly sensitive and taboo topics.

Mazor, K. M., Schwartz, C. E. and Rogers, H. J. [Department of Medicine, Meyers Primary Care Institute, University of Massachusetts Medical School, Worcester, MA]. "**Development and testing of a new instrument for measuring concerns about dying in health care providers**." *Assessment* 11, no. 3 (Sep 2004): 230-7.

[Abstract:] A new measure of concerns about dying was investigated in this psychometric study. The Concerns About Dying instrument (CAD) was administered to medical students, nursing students, hospice nurses, and life sciences graduate students (N = 207) on two occasions; on one occasion they also completed three related measures. Analyses included descriptive statistics, factor analysis, Cronbach's alpha, test-retest correlations, t tests, and correlations with other measures. Results suggest the CAD measures three distinct but related areas: general concern about death, spirituality, and patient-related concern about death. Reliability estimates were good, and correlations with related measures were strong. Between-group differences suggest scores are related to actual differences in level of concern and beliefs about death and dying. The CAD has the advantage of being very brief and of explicitly assessing concerns about working with patients who are dying.

McCaffrey, A. M., Eisenberg, D. M., Legedza, A. T., Davis, R. B. and Phillips, R. S. [Division for Research and Education in Complementary and Integrative Medical Therapies, Osher Institute, Harvard Medical School, 401 Park Drive, Suite 22A, Boston, MA 02215; Anne_McCaffrey@hms.harvard.edu]. "**Prayer for health concerns: results of a national survey on prevalence and patterns of use**." *Archives of Internal Medicine* 164, no. 8 (Apr 26, 2004): 858-862.

[Abstract:] BACKGROUND: Prayer is a common practice in the United States, yet little is known about the prevalence and patterns of use of prayer for health concerns. OBJECTIVE: To determine the prevalence and patterns of use of prayer for health concerns. METHODS: We conducted a national survey in 1998 (N = 2055, 60% weighted response rate) on use of prayer. Data were also collected on sociodemographics, use of conventional medicine, and use of complementary and alternative medical therapies. Factors associated with the use of prayer were analyzed using multivariable logistic regression. RESULTS: We found that 35% of respondents used prayer for health concerns; 75% of these prayed for wellness, and 22% prayed for specific medical conditions. Of those praying for specific medical conditions, 69% found prayer very helpful. Factors independently associated with increased use of prayer (P<.05) included age older than 33 years (age 34-53 years: odds ratio [OR], 1.6 [95% confidence interval (CI), 1.3-2.1]; age > or =54 years: OR, 1.5 [95% CI, 1.1-2.0]); female sex (OR, 1.4 [95% CI, 1.1-1.7]); education beyond high school (OR, 1.5 [95% CI, 1.2-1.8]); and having depression, chronic headaches, back and/or neck pain, digestive problems, or allergies. Only 11% of respondents using prayer discussed it with their physicians. CONCLUSIONS: An estimated one third of adults used prayer for health concerns in 1998. Most respondents did not discuss prayer with their physicians. Prayer was used frequently for common medical conditions, and users reported high levels of perceived helpfulness.

McCord, G., Gilchrist, V. J., Grossman, S. D., King, B. D., McCormick, K. E., Oprandi, A. M., Schrop, S. L., Selius, B. A., Smucker, D. O., Weldy, D. L., Amorn, M., Carter, M. A., Deak, A. J., Hefzy, H. and Srivastava, M. [Department of Family Medicine, Northeastern Ohio Universities College of Medicine, Rootstown, OH 44272; gmccord@neoucom.edu]. "**Discussing spirituality with patients: a rational and ethical approach**." *Annals of Family Medicine* 2, no. 4 (Jul-Aug 2004): 356-361.

[Abstract:] BACKGROUND: This study was undertaken to determine when patients feel that physician inquiry about spirituality or religious beliefs is appropriate, reasons why they want their physicians to know about their spiritual beliefs, and what they want physicians to do with this information. METHODS: Trained research assistants administered a questionnaire to a convenience sample of consenting patients and accompanying adults in the waiting rooms of 4 family practice residency training sites and 1 private group practice in northeastern Ohio. Demographic information, the SF-12 Health Survey, and participant ratings of appropriate situations, reasons, and expectations for physician discussions of spirituality or religious beliefs were obtained. RESULTS: Of 1,413 adults who were asked to respond, 921 completed questionnaires, and 492 refused (response rate = 65%). Eighty-three percent of respondents wanted physicians to ask about spiritual beliefs in at least some circumstances. The most acceptable scenarios for spiritual discussion were life-threatening illnesses (77%), serious medical conditions (74%) and loss of discuss spirituality, the most important reason for discussion was desire for physician-patient understanding (87%). Patients believed that information concerning their spiritual beliefs would affect physicians' ability to encourage realistic hope (67%), give medical advice (66%), and change medical treatment (62%). CONCLUSIONS: This study helps clarify the nature of patient preferences for spiritual discussion with physicians.

McClain-Jacobson, C., Rosenfeld, B., Kosinski, A., Pessin, H., Cimino, J. E. and Breitbart, W. [Department of Psychology, Fordham University, Bronx, NY 10458; cmcclain@fordham.edu]. "**Belief in an afterlife, spiritual well-being and end-of-life despair in patients with advanced cancer**." *General Hospital Psychiatry* 26, no. 6 (Nov-Dec 2004): 484-486.

[Abstract:] Despite the plethora of research linking spirituality, religiosity and psychological well-being among people living with medical illnesses, the role of afterlife beliefs on psychological functioning has been virtually ignored. The present investigation assessed afterlife beliefs, spiritual well-being and psychological functioning at the end of life among 276 terminally ill cancer patients. Results indicated that belief in an afterlife was associated with lower levels of end-of-life despair (desire for death, hopelessness and suicidal ideation) but was not associated with levels of depression or anxiety. Further analyses indicated that when spirituality levels were controlled for, the effect of afterlife beliefs disappeared. The authors concluded that spirituality has a much more powerful effect on psychological functioning than beliefs held about an afterlife. Treatment implications are discussed.

McCullough, M. E., Tsang, J. A. and Emmons, R. A. [Department of Psychology, University of Miami, Coral Gables, FL 33124-0751; mikem@miami.edu]. "**Gratitude in intermediate affective terrain: links of grateful moods to individual differences and daily emotional experience**." *Journal of Personality & Social Psychology* 86, no. 2 (Feb 2004): 295-309.

[Abstract:] Two studies were conducted to explore gratitude in daily mood and the relationships among various affective manifestations of gratitude. In Study 1, spiritual transcendence and a variety of positive affective traits were related to higher mean levels of gratitude across 21 days. Study 2 replicated these findings and revealed that on days when people had more grateful moods than was typical for them, they also reported more frequent daily episodes of grateful emotions, more intense gratitude per episode, and more people to whom they were grateful than was typical for them. In addition, gratitude as an affective trait appeared to render participants' grateful moods somewhat resistant to the effects of discrete emotional episodes of gratitude.

McEwen, M. [Baylor University, Louise Herrington School of Nursing, Dallas, TX; Melanie_McEwen@baylor.edu]. "**Analysis of spirituality content in nursing textbooks**." *Journal of Nursing Education* 43, no. 1 (Jan 2004): 20-30.

[Abstract:] Although most nurses believe spiritual care is an integral component of quality, holistic nursing care, they rarely address spiritual issues and typically feel unprepared to do so. One reason for nurses' lack of preparedness to provide spiritual interventions is that their basic education only minimally discusses spirituality and related issues. This is compounded by the problem that only sporadic reference to spiritual care is found in most nursing textbooks. This study was conducted to analyze the content related to spirituality in nursing textbooks in order to determine where spiritual care is addressed and evaluate its adequacy. A total of 50 textbooks from a wide variety of nursing specialty areas were selected from the most recent Brandon Hill list. These books were examined to assess the percentage of pages discussing spiritual issues and analyze inclusion of core content essential for nursing practice. Although there was considerable variation among the books from all specialty areas, overall, hospice/terminal care, fundamentals of nursing, health assessment/health promotion, and transcultural nursing textbooks provided the most information about spirituality and spiritual care. Textbooks focusing on professional issues, medical-surgical nursing, maternal-child health nursing, critical care nursing, and community health nursing contained the least spiritual content. Suggestions are made regarding how to integrate spiritual issues and spiritual care in all nursing textbooks that pertain directly to patient care.

McEwan, W. [Cove Unit (Orthopaedic Rehabilitation), Inverclyde Royal Hospital, Greenock, Scotland]. "**Spirituality in nursing: what are the issues?**" *Orthopaedic Nursing* 23,no. 5 (Sep-Oct 2004): 321-326. [Review, 34 refs.]

[Abstract:] This article describes the author's attempt to highlight the problem areas associated with providing spiritual care for patients. The focus of this work is to discuss the following areas of interest: What is spirituality? The issue of spirituality in nursing. The impact of

spirituality for the patient. The relevance or irrelevance of religion. The concept of serenity as a goal for nursing practice. The author provides examples, specifically regarding older people, explaining why spiritual care of patients is decidedly problematic in the British healthcare system and provides suggestions as to how to reintegrate this essential part of caregiving back into daily practice.

McGrath, P. [Centre for Social Science Research, School of Nursing and Health, Central Queensland University, Rockhampton, Qld 4702, Australia; pam_mcgrath@bigpond.com.] "**Affirming the connection: comparative findings on communication issues from hospice patients and hematology survivors**." *Death Studies* 28, no. 9 (Nov 2004): 829-848.

[Abstract:] The following discussion presents comparative findings from hospice patients and hematology survivors on the topic of talking about dying to significant others within their network of family and friends. The insights have been gathered from an Australian research program that is exploring the notion of spirituality in relation to serious illness. The findings document the participants' awareness, acceptance, and fear of dying. It documents the difficulty associated with talking about dying, which creates voids in relationships and deprives seriously ill individuals of their sense of normality, at a time when they have a strong need to talk and share experiences. Six specific blocks to communication are explored, along with as emphasis on the importance of communicating with others who have a similar life experience.

McGrath P. [School of Nursing and Health Studies, Central Queensland University, Rockhampton, Queensland 4702, Australia; pam_mcgrath@bigpond.com]. "**Positive outcomes for survivors of haematological malignancies from a spiritual perspective**." *International Journal of Nursing Practice* 10, no. 6 (Dec 2004): 280-291.

[Abstract:] The findings indicate that there are many potentially positive outcomes, couched in terms of a spiritual journey, to be gained from the experience of serious illness for survivors who are well supported and obtain successful results from treatment. The work is from a qualitative programme exploring the notion of spirituality. The data are from the thematic analysis of verbatim transcriptions of audio-taped, in-depth, open-ended interviews with 12 survivors of haematological malignancies. The results indicate increased confidence and assertiveness, less dependence on the approval of others, greater ability to assert personal needs, increased awareness of body needs, being less judgmental and more compassionate. The positive outcomes also included the gift of extra life, the desire to live life to the fullest, a stronger sense of family togetherness, an awareness of reliable friends and family members, increased respect from others, changes in work values and an overall improvement in quality of life.

McGrath, P. [Centre for Social Science Research, School of Nursing and Health, Central Queensland University, Rockhampton, Australia. pam_mcgrath@bigpond.com]. "**Reflections on serious illness as spiritual journey by survivors of haematological malignancies**." *European Journal of Cancer Care* 13, no. 3 (Jul 2004): 227-237.

[Abstract:] Although still in its infancy, research on spirituality is attracting increasing attention in health care. There are ongoing calls within the literature for research directed specifically toward clarifying what people mean by the word 'spiritual' and how they express this dimension in their lives. The findings presented in this article respond to that call by presenting findings from a recent qualitative study on meaning-making in relation to serious illness conducted with survivors of haematological malignancies. The findings indicate that the language of a secular spiritual journey, rather than a conventional religious or theological conceptual framework, was used for meaning-making by the survivors interviewed. Such results affirm the recent definitional move away from conflating religion with spirituality, while pointing to the richness, complexity, and contradiction that individuals bring to their meaning-making. The findings provide important insights on the interpretation of spirituality for a group of individuals surviving the confrontation with death caused by a life-threatening illness.

McLaughlin, D. [Personal Enrichment Through Mental Health Services, Park, FL; mikesmom@tampabay.rr.com]. "**Incorporating individual spiritual beliefs in treatment of inpatient mental health consumers**." *Perspectives in Psychiatric Care* 40, no. 3 (Jul-Sep 2004): 114-119.

[Abstract:] PURPOSE: To promote incorporation of spiritual beliefs into inpatient crisis psychiatric care. SOURCES: Published literature, Web resources. CONCLUSIONS: Individual spiritual resources appear helpful to the consumer in times of crisis. Further identification of ways to apply spirituality, as well as professional standards, is still needed.

McPherson, K. F. [kmcphersonphd@aol.com]. "**Pastoral crisis intervention with children: recognizing and responding to the spiritual reaction of children**." *International Journal of Emergency Mental Health* 6, no. 4 (2004): 223-233. [Review, 31 refs.]

[Abstract:] Many individuals struggle to express their thoughts and feelings following a crisis situation. When these feelings include questions related to spiritual issues such as bad things happening to good people, meaning in life and its tragedies, and the very existence of a caring and loving God, people shut down even more tightly. Imagine how much greater this difficulty becomes for those who lack the ability to verbalize what they are experiencing. Many of our most widely used crisis intervention models rely on verbal techniques to elicit people's thoughts and feelings about stressful incidents they've just experienced. The main focus of this paper is to provide alternative techniques for eliciting the thoughts and feelings of children during traumatic times. The paper reviews basic principles of pastoral crisis intervention (PCI), presents typical spiritual reactions of children to trauma by age groups, presents Crisis Response Play Therapy (CRPT) as one alternative method that bypasses the need for verbalization, and proposes the use of similar experiential techniques for special needs populations, including adults, who have difficulty giving voice to their experiences.

McSherry, W. and Cash, K. [School of Nursing, Social Work, and Applied Health Studies, The University of Hull, Milner Hall Room M208, Cottingham Road, Hull HU6 7RX, UK; w.mcsherry@hull.ac.uk]. "**The language of spirituality: an emerging taxonomy**." *International Journal of Nursing Studies* 41, no. 2 (Feb 2004): 151-161. [Review; 60 refs.]

[Abstract:] BACKGROUND: This paper explores the relationships that exist between the language used to describe spirituality within nursing and the appropriateness of constructing a universal definition acceptable to all individuals. 'Spirituality' is a term that is increasingly used in nursing but there may be problems about exactly what the term means and how it is interpreted and understood by both nurses and patients. AIM: The aim of the paper is to explore some of the commonly cited definitions to establish if the concept of spirituality could be termed 'universal'. METHOD: This paper presents a discussion, based upon a literature review, of the nursing and health care databases, combined with manual searches. The review demonstrates how the term spirituality is being constructed within nursing suggesting that there are numerous definitions each with several layers of meaning. FINDINGS: From the review the authors have developed 'a spiritual taxonomy' that may explain and accommodate the different layers of meaning found within nursing and health care definitions. At the extreme left there is a spirituality based on religious and theist ideals, while at the extreme right there is a spirituality based upon secular, humanistic, existential

elements. A middle way is explained containing elements from both the left and right but not as fundamental or radical. CONCLUSION: The authors argue that because there are so many definitions with different layers of meanings, spirituality can imply different things depending upon an individual's personal interpretation or worldview. The results of the review suggest nursing is constructing a 'blanket' definition of spirituality, which has a broad, almost inexhaustible set of defining characteristics. If this approach continues then there is a danger that the word may become so broad in meaning that it loses any real significance.

McSherry, W., Cash, K. and Ross, L. [University of Hull, School of Nursing, Social Work, and Applied Health Studies, Hull, UK; w.mcsherry@hull.ac.uk]. "**Meaning of spirituality: implications for nursing practice**." *Journal of Clinical Nursing* 13, no. 8 (Nov 2004): 934-941.

[Abstract:] BACKGROUND: This research outlines some preliminary findings emerging from a grounded theory investigation into the 'meaning of spirituality'. These initial results raise some important questions about the terminology and language that nurses use regarding the term spirituality. It seems that many of the policy directives and statutory guidelines make two major assumptions regarding 'spirituality'. Firstly, patients and nurses are aware and understand the concept, and secondly, patients may require their spiritual needs to be met. These preliminary findings suggest that a dichotomy is emerging between professional assumption and patient expectation regarding the meaning of spirituality. AIM: The study had one broad research aim, to gain a deeper insight into how patients, nurses, and people from the major world religions understand the concept of 'spirituality'. DESIGN: A qualitative research design was used involving a grounded theory method of inquiry. It was felt that this qualitative method would aid the investigation of this subjective dimension of peoples' existence, enabling existing theoretical constructs and arguments to be tested. METHODS: The constant comparative method was used throughout the data collection and analysis. Analysis was undertaken at two levels, 'overview analysis' and 'line-by-line analysis'. This enabled the creation of categories and central themes. RESULTS: Constant comparative analysis resulted in the formation of several categories and central themes. Two categories presented and discussed in detail are 'definitions of spirituality', and 'diverse perceptions of spirituality'. CONCLUSION: It would seem that there is now an urgent need for nursing to evaluate and perhaps adjust its vision regarding what constitutes spirituality. Such an approach may serve to reduce the gap between policy and public expectation. RELEVANCE TO CLINICAL PRACTICE: It seems that there may be no 'precise' terminology associated with the language used to define spirituality, raising possible implications for nursing practice and nurse education.

Meltzer, L. S. and Huckabay, L. M. [Department of Nursing, California State University, Long Beach, CA]. "**Critical care nurses' perceptions of futile care and its effect on burnout**." *American Journal of Critical Care* 13, no. 3 (May 2004): 202-208.

[Abstract:] BACKGROUND: Nurses' perceptions of futile care may lead to emotional exhaustion. OBJECTIVES: To determine the relationship between critical care nurses' perceptions of futile care and its effect on burnout. METHODS: A descriptive survey design was used with 60 critical care nurses who worked full-time and had a minimum of 1 year of critical care experience at the 2 participating hospitals (350-470 beds). Subjects completed a survey on demographics, the Moral Distress Scale, and the Maslach Burnout Inventory. Six research questions were tested. The results of the following question are presented: Is there a relationship between frequency of moral distress situations involving futile care and emotional exhaustion? RESULTS: A Pearson product moment correlational analysis indicated a significant positive correlation between the score on the emotional exhaustion subscale of the Maslach Burnout Inventory and the score on the frequency subscale of the Moral Distress Scale. Moral distress accounted for 10% of the variance in emotional exhaustion. Demographic variables of age, education, religion, and rotation between the critical care units were significantly related to the major variables. CONCLUSIONS: In critical care nurses, the frequency of moral distress situations that are perceived as futile or nonbeneficial to their patients has a significant relationship to the experience of emotional exhaustion, a main component of burnout.

Meraviglia, M. G. [School of Nursing, University of Texas, Austin, TX; mmeraviglia@mail.utexas.edu]. "**The effects of spirituality on well-being of people with lung cancer**." *Oncology Nursing Forum* 31, no. 1 (Jan-Feb 2004): 89-94.

[Abstract:] PURPOSE/OBJECTIVES: To examine the effects of spirituality on the sense of well-being of people with lung cancer. DESIGN: Descriptive, correlational study. SETTING: Urban and rural oncology and radiation centers. SAMPLE: 60 adults ranging from 33-83 years of age. Most participants had non-small cell lung cancer and were female, Caucasian, and older than 50. METHODS: Participants completed a questionnaire composed of six survey instruments: Life Attitude Profile-Revised, Adapted Prayer Scale, Index of Well-Being, Symptom Distress Scale, a background information sheet, and a cancer characteristics questionnaire. Correlations among study concepts were examined, and multiple regression analysis was used to determine the effects of spirituality. MAIN RESEARCH VARIABLES: Meaning in life, prayer activities and experiences, symptom distress, and psychological well-being. FINDINGS: Higher meaning in life scores were associated with higher psychological well-being and lower symptom distress scores. Higher prayer scores were associated with higher psychological well-being scores. Regression analysis indicated that meaning in life mediated the relationship between functional status and physical responses to lung cancer and explained 9% of the variance in symptom distress. Prayer mediated the relationship between current physical health and psychological responses and explained 10% of the variance in psychological well-being. CONCLUSIONS: Aspects of spirituality, meaning in life, and prayer have positive effects on psychological and physical responses in this group of people with lung cancer. IMPLICATIONS FOR NURSING: This research provides knowledge about spirituality and sense of well-being to guide the care of people with lung cancer.

Mercer, J. A. [San Francisco Theological Seminary, San Anselmo, CA 94960; jmercer@sfts.edu]. "**The Protestant child, adolescent, and family**." *Child & Adolescent Psychiatric Clinics of North America* 13, no. 1 (Jan 2004): 161-181, ix.

[Abstract:] This article addresses Protestant Christianity as an often-overlooked but significant factor in clinical work with children and adolescents. Noting the wide range of beliefs and practices among Protestants, the article identifies key tenets of Protestant faith that shape the worldviews of children, adolescents, and their families. Clinical implications of these beliefs are explored, with particular attention to three potentially psychopathologic features: the religious legitimation of child maltreatment; paranormal, direct experiences of the divine through unusual perceptions such as trance states or visions deemed normal within their religious context but that may also evidence serious pathology; and sexuality issues of particular significance for adolescents. Research suggests that Protestant beliefs also constitute resources for clinical work because they appear to be protective factors in relation to depression, avoidance of high-risk behaviors, and other measures of resiliency among adolescents. Clinicians who do not take the Protestant Christian family's religious/spiritual worldview into consideration in case formulation risk misunderstanding or alienating them from treatment. The article concludes with suggestions for collaboration.

Miovic, M. [Department of Psychiatry, Harvard Medical School, Boston, MA; mmiovic@partners.org]. "**An introduction to spiritual psychology: overview of the literature, east and west**." *Harvard Review of Psychiatry* 12, no. 2 (Mar-Apr 2004): 105-115. [Review; 73 refs.]

[Abstract:] This article outlines the philosophical background to spiritual psychology and selectively reviews Western and Eastern literature on the subject. The world views of theism, atheism, and agnosticism are defined and critiqued, and the boundaries of scientific knowledge discussed. The views of James, Jung, and Freud are reviewed, and the contributions of humanistic psychology noted. Contemporary spiritual psychology is then summarized with reference to recent literature on theistic psychotherapy, Buddhist psychology, mind-body medicine, and transpersonal psychology. Sri Aurobindo's work is introduced as a modern Asian perspective on theistic psychology, and his model of the relationship between the "soul" and the unconscious described. Finally, a brief clinical vignette is given.

Mohr, S. and Huguelet, P. [Hopitaux Universitaires de Geneve, Departement de Psychiatrie, Geneve]. "**The relationship between schizophrenia and religion and its implications for care**." *Swiss Medical Weekly* 134, nos. 25-26 (Jun 26, 2004): 369-376. [Review; 78 refs.]

[Abstract:] This paper focuses on the relationships between schizophrenia and religion, on the basis of a review of literature and the data of an ongoing study about religiousness and spiritual coping conducted among outpatients with chronic schizophrenia. Religion (including both spirituality and religiousness) is salient in the lives of many people suffering from schizophrenia. However, psychiatric research rarely addresses religious issues. Religious beliefs and religious delusions lie on a continuum and vary across cultures. In Switzerland for example, the belief in demons as the cause of mental health problems is a common phenomenon in Christians with high saliency of religiousness. Religion has an impact, not always positive, on the comorbidity of substance abuse and suicidal attempts in schizophrenia. In many patients' life stories, religion plays a central role in the processes of reconstructing a sense of self and recovery. However religion may become part of the problem as well as part of the recovery. Some patients are helped by their faith community, uplifted by spiritual activities, comforted and strengthened by their beliefs. Other patients are rejected by their faith community, burdened by spiritual activities, disappointed and demoralized by their beliefs. Religion is relevant for the treatment of people with schizophrenia in that it may help to reduce pathology, to enhance coping and to foster recovery. In the treatment of these patients, it appears useful to tolerate diversity, to respect others beliefs, to ban proselytism and to have a good knowledge of one's own spiritual identity.

Moncher, F. J. and Josephson, A. M. [Department of Psychology, The Institute for the Psychological Sciences, 2001 Jefferson Davis Highway, Suite 511, Arlington, VA 22202; fmoncher@ipsciences.edu]. "**Religious and spiritual aspects of family assessment**." *Child & Adolescent Psychiatric Clinics of North America* 13, no. 1 (Jan 2004): 49-70, vi.

[Abstract:] Childhood emotional and behavioral problems have increased over the past several decades, and the consequences of these behaviors have an impact on the entire family. The role of the family in these problems is clearly an important consideration for the child psychiatrist. A specific understanding of how the family's spiritual worldview or religious convictions impact clinical problems has been underappreciated. The religious orientation or spirituality of parents influences various aspects of family life, from ideals about marriage and family to specifics regarding child rearing. This article reviews the goals of assessment of family religious or spiritual worldview, which include empathically engaging the family of a child in treatment, developing a formulation of how these spiritual factors impact general family functioning, and determining whether the family's religion and spirituality are a resource for treatment or a contributor to disorder. The spiritual and religious assessment of the family facilitates the development of a treatment plan.

Morioka-Douglas, N., Sacks, T. and Yeo, G. [Stanford Geriatric Education Center, Stanford University School of Medicine, Stanford, CA]. "**Issues in caring for Afghan American elders: insights from literature and a focus group**." *Journal of Cross-Cultural Gerontology* 19, no. 1 (Mar 2004): 27-40.

[Abstract:] OBJECTIVES: To increase the information available for clinicians and educators to care for, and educate others to care for, elders from Afghan backgrounds more effectively. DESIGN: Focus group methodology. SETTING: Community senior center in Fremont, CA, United States. PARTICIPANTS: Nine leaders of an Afghan elders group. MEASUREMENTS: Content analysis of translated proceedings of focus group. RESULTS: The two most important themes were: 1) Participants identified their health status and effective treatments with their faith in, and practice of, Islam. 2) They also emphasized the importance of care given by same-sex providers. CONCLUSION: Clinicians providing care for older Afghan refugees need to be aware of the importance of respecting the practices of Islam, especially using same sex providers. Allowing for Muslim practices in the hospital is also important, such as washing before daily prayers, not serving pork products (e.g. gelatin), and having the bed face Mecca (Southeast) for prayers, especially for a dying patient.

Murray, S. A., Kendall, M., Boyd, K., Worth, A. and Benton, T. F. [Div. of Community Health Sciences, University of Edinburgh, Scotland; Scott.Murray@ed.ac.uk]. "**Exploring the spiritual needs of people dying of lung cancer or heart failure: a prospective qualitative interview study of patients and their carers**." *Palliative Medicine* 18, no. 1 (Jan 2004): 39-45.

[Abstract:] BACKGROUND: We set out to explore whether patients with life-threatening illnesses and their informal carers consider they experience significant spiritual needs, in the context of their overall needs, how spiritual concerns might vary by illness group and over the course of the illness, and how patients and their carers think they might be supported in addressing spiritual issues. METHODS: Three-monthly qualitative interviews for up to one year with 20 patients with inoperable lung cancer and 20 patients with end-stage heart failure and their informal carers. RESULTS: We conducted 149 in-depth interviews. Spiritual concerns were important for many patients in both groups, both early and later in the illness progression. Whether or not patients and carers held religious beliefs, they expressed needs for love, meaning, purpose and sometimes transcendence. The different experiences of lung cancer and heart failure raised contrasting patterns of spiritual issues and needs. Carers voiced their own spiritual needs. Patients and carers were generally reluctant to raise spiritual issues, but many, in the context of a developing relationship with the researcher, were able to talk about such needs. CONCLUSIONS: Spiritual issues were significant for many patients in their last year of life and their carers. Many health professionals lack the necessary time and skills to uncover and address such issues. Creating the opportunity for patients and carers to discuss spiritual issues, if they wish, requires highly developed communication skills and adequate time.

Murrell, K. [Department of Psychiatry and Health Behavior, Medical College of Georgia, Augusta, GA; Kevin.Murrell@med.va.gov]. "**The Catholic child, adolescent, and family**." *Child & Adolescent Psychiatric Clinics of North America* 13, no. 1 (Jan 2004): 149-160, viii.

[Abstract:] This article identifies core features of Catholic spiritual and religious tradition and worldview. It reviews clinical implications of this worldview in working with the psychiatric problems of Catholic children and adolescents. Core Catholic beliefs and practices are discussed, with case examples illustrating principles of assessment and treatment. Collaboration between child and adolescent psychiatrists and Catholic clergy and counselors is encouraged, and recommendations for successful collaborative efforts are offered.

Musick, M. A., House, J. S. and Williams, D. R. [Population Research Center, Univ. of Texas at Austin; musick@prc.utexas.edu]. "**Attendance at religious services and mortality in a national sample**." *Journal of Health & Social Behavior* 45, no. 2 (Jun 2004): 198-213.

[Abstract:] Research and theory increasingly suggest that attendance at religious services is protective against premature mortality. However, prior studies are limited and do not extensively explore potential explanations for the relationship, especially in terms of religious beliefs and behaviors associated with service attendance. This study estimates the impact of service attendance on mortality in a national probability sample and provides the most extensive empirical examination of potential explanations. Individuals who report attending religious services once a month or more (just over 50 percent of the population) have a 30-35 percent reduced risk of death over a 7.5 year follow-up period after adjusting for potential confounding factors. Consistent with prior research, 20-30 percent of this effect may be explained by better health behaviors (especially physical activity) among regular service attendees. Surprisingly, other religious beliefs and behaviors do not explain, and often tend to suppress, the association between service attendance and mortality.

Myers, R. N., Ostlie-Olson, M. and Cook, C. L. "**Spiritual and emotional needs of bariatric patients**." *Critical Care Nurse* 24, no. 5 (Oct 2004): 14 and 16.

In this letter to the journal's editor, the authors address from a chaplaincy perspective the spiritual and emotional needs of bariatric patients.

Narayanasamy, A. [University of Nottingham, Faculty of Medicine and Health Science, School of Nursing, Queen's Medical Centre, Nottingham, UK]. "**The puzzle of spirituality for nursing: a guide to practical assessment**." *British Journal of Nursing* 13, no. 19 (Oct 28-Nov 10, 2004): 1140-1144. [Review, 45 refs.]

[Abstract:] Increasingly nurses are called upon to meet patients' spiritual needs. However, there is evidence to suggest that nurses are unable to do this adequately because of confusion about the notion of spirituality. This is compounded by the uncertainty surrounding the role of nurses in spiritual care interventions. Emerging research suggests that nurses, as primary carers, may have to initiate spiritual care interventions. This article offers practical guidance to nurses seeking to improve spiritual care for their patients. A working definition of spirituality is offered and spiritual needs are explained in the context of a case scenario. Practical guidance is given on how spiritual care can be put into action, using the Actioning Spirituality and Spiritual care in Education Training (ASSET) model as a framework for assessment of spiritual needs, planning, implementing and evaluation spiritual care, and a spiritual assessment tool for practice is outlined. [References: 45]

Narayanasamy, A., Clissett, P., Parumal, L., Thompson, D., Annasamy, S. and Edge, R. [Faculty of Medicine and Health Sciences, School of Nursing, University of Nottingham, Nottingham, UK; aru.narayanasamy@nottingham.ac.uk]. "**Responses to the spiritual needs of older people**." *Journal of Advanced Nursing* 48, no. 1 (Oct 2004): 6-16.

[Abstract:] BACKGROUND: The literature suggests that the notion of holistic health has gained popularity in the nursing of older persons. Holistic care, based on the premises that there is a balance between body, mind and spirit, is important for well-being, that each of these is interconnected, and that each affects the others. Human spirit is considered to be the essence of being and is what motivates and guides us to live a meaningful existence. However, there is little evidence in the nursing literature about how nurses caring for older people respond to their spiritual needs. AIM: The aim of this paper is to report a critical incident study to: (1) explore nurses' perceptions of their role in addressing the spiritual needs of older people; (2) describe what constitutes spiritual care of old people in the light of the findings. METHODS: Descriptions of critical incidents were obtained from a convenience sample of 52 nurses working in the East Midlands Region of the United Kingdom (UK) and subjected to content analysis and construction of a data classification system. FINDINGS: Respondents were prompted to identify patients' spiritual needs by factors such as religious beliefs and practice (prayer); absolution; seeking connectedness, comfort and reassurance, healing or searching for meaning and purpose. The interventions initiated to meet patients' spiritual needs included respect for privacy; helping patients to connect; helping patients to complete unfinished business; listening to patients' concerns; comforting and reassuring; using personal religious beliefs to assist patients and observation of religious beliefs and practices. CONCLUSION: The findings provide empirical evidence of some practices related to spiritual care of older people. Further empirical research is needed to guide practice and education with regard to conceptual clarity and the delivery of spiritual care of older people.

Narayanasamy, A. [Trinity Care Spirituality Research Project, Faculty of Medicine and Health Sciences, School of Nursing, Queens Medical Centre, University of Nottingham, Nottingham, UK; aru.narayanasamy@nottingham.ac.uk]. "**Spiritual coping mechanisms in chronic illness: a qualitative study**." *Journal of Clinical Nursing* 13, no. 1 (Jan 2004): 116-117.

This qualitative study of 15 patients in the UK found that "the lived experience of connectedness with God and others, and the search of meaning and purpose appear to be important spiritual coping mechanisms during chronic illness" [p. 116].

Nardi, D. A. and Rooda, L. A. [Lewis University, Romeoville, IL; nardide@lewisu.edu]. "**Diversity and patient care in a shrinking world**." *Advances in Renal Replacement Therapy* 11, no. 1 (Jan 2004): 87-91. [Review; 19 refs.]

[Abstract:] The purpose of this article is to discuss current standards for preparing nurses to practice as culturally competent generalists in our rapidly shrinking world. Culturally competent care, transcultural nursing practice, and the nursing professions' standards of nursing care for diverse populations are applied to nursing education, renal nursing, and transplant nursing issues. Recommendations for breaking down health care gaps and barriers include ensuring, within the boundaries and control base of our own practice, that cultural, racial, economic, spiritual, and social diversity is respected and acknowledged.

Neimeyer, R. A., Wittkowski, J. and Moser, R. P. [University of Memphis, Memphis, TN; neimeyer@memphis.edu]. "**Psychological research on death attitudes: an overview and evaluation**." *Death Studies* 28, no. 4 May 2004): 309-340.

The authors present an overview of the subject, working largely in terms of the research of Herman Feifel. They address spirituality at a number of points, but especially in the section, Death Anxiety & Religiosity [pp. 323-327].

Nolan, M. T. and Mock, V. [Center for Nursing Research, Johns Hopkins University School of Nursing, Baltimore, MD 21205; mnolan@son.jhmi.edu]. "**A conceptual framework for end-of-life care: a reconsideration of factors influencing the integrity of the human person**." *Journal of Professional Nursing* 20, no. 6 (Nov-Dec 2004): 351-360. [Review, 67 refs.]

[Abstract:] In this article, we examine emerging themes in the research and theoretical literature on care at the end of life to develop a conceptual framework to guide further research in this area. The integrity of the human person is the organizing concept, and the spiritual domain is at the core of the psychological, physical, and functional domains. This framework extends beyond previous frameworks for care at the end of life by including the relationship of the health professional and the health care organization to the integrity of the person. Also, outcomes in this framework extend beyond quality of life and comfort to include patient decision-making methods and achievement of life goals. Attention is given to the cultural dimension of personhood in our multicultural society, and the definition of end of life is expanded to include both the acute phase of terminal illness and the frailty of health associated with advanced age.

Norris, K., Strohmaier, G., Asp, C. and Byock, I. [Life's End Institute: Missoula Demonstration Project, Missoula, MT; knorris@lifes-end.org]. "**Spiritual care at the end of life. Some clergy lack training in end-of-life care**." *Health Progress* 85, no. 4 (Jul-Aug 2004): 34-39, 58.

Among the findings of this survey of Montana clergy: "...[Respondents] possessing a higher level of education were likely to provide end-of-life care more frequently than those with a lower level. Respondents who were trained to deal with issues of illness, death and bereavement support reported providing prayer and quiet presence more frequently than those who did not have these types of training. ...Those trained in bereavement support were more likely to report frequently practicing "holding hands or appropriate touch" than those who were not trained in that area. Respondents who were not trained in any of these areas were less likely to engage in holding hands or appropriate touch, prayer, offering quiet presence, or providing sacrament of the sick than those who were trained in at least one of these areas. [pp. 37-38]"

Oates, L. [Cabrini Health, Melbourne, 646 High Street, Prahran, Victoria 3181, Australia; mhagan@optusnet.com.au]. "**Providing spiritual care in end-stage cardiac failure**." *International Journal of Palliative Nursing* 10, no. 10 (Oct 2004): 485-490. [Review, 29 refs.]

[Abstract:] Spiritual care is an integral component of palliative care, whatever a patient's diagnosis. This article looks at spiritual care from the perspective of providing care for patients living with end-stage heart failure. Such patients face many debilitating symptoms and much uncertainty. The issues of how spiritual needs should be addressed, what spiritual care entails, and the most appropriate person to provide spiritual care are examined.

O'Keefe, J. H. Jr., Poston, W. S., Haddock, C. K., Moe, R. M. and Harris, W. [Mid America Heart Institute, Cardiovascular Consultants, Kansas City, MO]. "**Psychosocial stress and cardiovascular disease: how to heal a broken heart**." *Comprehensive Therapy* 30, no. 1 (Spring 2004): 37-43. [Review; 41 refs.]

[Abstract:] Psychosocial stress induces adverse changes in autonomic tone accounting for substantial but modifiable cardiovascular risk. Various factors, including depression, social isolation, hostility and anxiety increase cardiovascular risk, whereas social support, altruism, faith and optimism reduce risk.

O'Reilly, M. L. [Division of Infectious Diseases, University of Massachusetts, Lowell, MA; oreillym@ummhc.org]. "**Spirituality and mental health clients**." *Journal of Psychosocial Nursing & Mental Health Services* 42, no. 7 (Jul 2004): 44-53. [Review; 43 refs.]

[Abstract:] Spirituality is an important part of human existence but is often overlooked in the conceptualization of the person as a biopsychosocial entity. This article examines spirituality as a concept, relates it to the experience of mental health clients, proposes spiritual assessments and interventions within the role of advanced practice mental health nurses, and discusses the necessity of including spiritual interventions to support healing and wholeness for mental health clients.

Palmer, R. F., Katerndahl, D. and Morgan-Kidd, J. [Department of Family and Community Medicine, University of Texas Health Science Center at San Antonio, San Antonio, TX 78229-3900; Palmerr@uthscsa.edu]. "**A randomized trial of the effects of remote intercessory prayer: interactions with personal beliefs on problem-specific outcomes and functional status**." *Journal of Alternative & Complementary Medicine* 10, no. 3 (Jun 2004): 438-448.

[Abstract:] OBJECTIVES: Investigate the relevance of interpersonal belief factors as modifiers of the effectiveness of intercessory prayer. DESIGN: Randomized clinical trial. SETTING/LOCATION: Community-dwelling adults recruited from seven local church groups. SUBJECTS: Eighty-six (86) male and female participants 18-88 years of age were randomly assigned to either treatment (n = 45) or control groups (n = 41). INTERVENTIONS: Several volunteers committed to daily prayer for participants in the intervention group. Intercessory prayer commenced for 1 month and were directed toward a life concern or problem disclosed by the participant at baseline. Participants were unaware of being prayed for. Outcomes measures: Degree to which their problem had been resolved and the current level of concern they had about a specific life problem they described at baseline. Four component scores from the Medical Outcomes Study SF-20 were also used. RESULTS: No direct intervention effect on the primary outcomes was found. A marginally significant reduction in the amount of pain was observed in the intervention group compared to controls. The amount of concern for baseline problems at follow-up was significantly lower in the intervention group when stratified by subject's baseline degree of belief that their problem could be resolved. Prayer intervention appeared to effectively reduce the subject's level of concern only if the subject initially believed that the problem could be resolved. Those in the intervention group who did not believe in a possible resolution to their problem did not differ from controls. Better physical functioning was observed in the intervention group among those with a higher belief in prayer and surprisingly, better mental health scores were observed in the control group with lower belief in prayer scores. CONCLUSIONS: The results of the current study underscore the role of interpersonal belief in prayer efficacy and are consistent with the literature showing the relevance of belief in health and well-being in general. The relevance of interpersonal belief factors of the participants is recommended in future investigations.

Pargament, K. I., Koenig, H. G., Tarakeshwar, N. and Hahn, J. [Department of Psychology, Bowling Green State University, OH; kpargam@bgnet.bgsu.edu]. "**Religious coping methods as predictors of psychological, physical and spiritual outcomes among medically ill elderly patients: a two-year longitudinal study**." *Journal of Health Psychology* 9, no. 6 (Nov 2004): 713-730.

[Abstract:] A total of 268 medically ill, elderly, hospitalized patients responded to measures of religious coping and spiritual, psychological and physical functioning at baseline and follow-up two years later. After controlling for relevant variables, religious coping was significantly predictive of spiritual outcome, and changes in mental and physical health. Generally, positive methods of religious coping (e.g. seeking spiritual support, benevolent religious reappraisals) were associated with improvements in health. Negative methods of religious coping (e.g. punishing God reappraisal, interpersonal religious discontent) were predictive of declines in health. Patients who continue to struggle with religious issues over time may be particularly at risk for health-related problems.

Pargament, K. I., McCarthy, S., Shah, P., Ano, G., Tarakeshwar, N., Wachholtz, A., Sirrine, N., Vasconcelles, E., Murray-Swank, N., Locher, A. and Duggan, J. [Department of Psychology, Bowling Green State University, Bowling Green, OH 43403; kpargam@bgnet.bgsu.edu]. "**Religion and HIV: a review of the literature and clinical implications**." *Southern Medical Journal* 97, no. 12 (Dec 2004): 1201-1209. [Review. 82 refs.]

This is a general review of empirical studies that "suggest that religion and spirituality can be both resources for people with HIV and sources of pain and struggle" that also considers how "practitioners have begun to develop spiritually integrated interventions for this population" and highlights one particular non-denominational group program "designed to help women draw on their spiritual resources and address their spiritual struggles in coping with HIV" [—see Key Points, p. 1201].

Parrott, R. [Department of Communication Arts & Sciences the Pennsylvania State University, PA 16802; rlp18@psu.edu]. "**'Collective amnesia:' the absence of religious faith and spirituality in health communication research and practice**." *Health Communication* 16, no. 1 (2004): 1-5.

This article on the place of spirituality in health communication research and practice opens this journal's theme issue about the topic. The author notes: "The primary premise of this special issue is that religious faith and spirituality comprise an integral component of lay discourse and lay theories associated with health [p. 1]."

Petry, J. J. and Finkel, R. [Integrative Medicine, Westminster, VT; jpetry@sover.net]. "**Spirituality and choice of health care practitioner**." *Journal of Alternative & Complementary Medicine* 10, no. 6 (Dec 2004): 939-945.

[Abstract:] BACKGROUND: Patients who include a complementary and alternative medicine (CAM) practitioner in their health care represent a small percentage of the population identified as CAM users. Their choice may be motivated by intangible personality or worldview characteristics. OBJECTIVE: A prospective study was designed to determine if a patient's choice of conventional or alternative health care practitioner was related to total score on an instrument for scaling psychospiritual characteristics. DESIGN: A sequential convenience sample of patients attending five different health care practices in New England. SETTING: A family practitioner (FP) who uses CAM. (1) A FP clearly not identified with CAM. (3) A chiropractor. (4) A naturopath, and (5) A homeopath. OUTCOME MEASURES: Total scores on the Spiritual Involvement and Beliefs Scale (SIBS), plus item scores of five separate questions and two factors. RESULTS: With 210 respondents, SIBS scores in Practice 2 were significantly lower than in practice 1 ($p = 0.004$), 3 ($p = 0.001$), 4 ($p = 0.018$), and 5 ($p = 0.02$). This pattern remained over the five question scores and two factors. CONCLUSION: Patients who chose a physician associated with CAM, or an alternative practitioner (chiropractor, naturopath, or homeopath) for their direct health care scored higher on a psychospiritual testing instrument (SIBS) than those who chose a conventional physician.

Phipps, E. J. and Braitman, L. E. [Albert Einstein Healthcare Network, Einstein Center for Urban Health Policy and Research, USA]. "**Family caregiver satisfaction with care at end of life: report from the cultural variations study (CVAS)**." *American Journal of Hospice & Palliative Care* 21, no. 5 (Sep-Oct 2004): 340-342. [Comment in vol. 21, no. 6 (Nov-Dec 2004): 418; with author reply also on p. 418.

[Abstract:] The objective of this study was to examine differences in family caregiver satisfaction with care at end of life based on site of death, in an observational study involving advanced cancer patients and their family caregivers. The study was based on follow-up interviews with 28 family caregivers of 28 patients who died during a two-year prospective study involving 68 patients and 68 family caregivers. Telephone interviews addressed the circumstances of the patients 'death, their satisfaction with the care provided to the patient, and their satisfaction with how well they were attended to by health providers. There were no associations between site of death (died at home vs. did not die at home) and family caregiver satisfaction with the overall care provided to the patient. However family caregivers of patients who died at home responded that they thought the patient was more at peace (with respect to spiritual and religious matters) than did family caregivers of patients who did not die at home ($p = 0.003$). Family caregivers of patients who died at home appeared to feel less satisfied with the attention paid to their own wishes regarding the patient's care ($p = 0. 13$), less satisfied with the emotional support provided to them by healthcare personnel taking care of the patient ($p = 0. 08$), and less satisfied with communication from health providers ($p = 0. 11$). Findings indicate that although dying at home appears to provide a more peaceful death for the patient, it may also distance family caregivers from health professionals and leave them feeling less supported during the patient's last days of life.

Piedmont, R. L. [Department of Pastoral Counseling, Loyola College in Maryland, Columbia, MD 21045; rpiedmont@loyola.edu.]. "**Spiritual transcendence as a predictor of psychosocial outcome from an outpatient substance abuse program**." *Psychology of Addictive Behaviors* 18, no. 3 (Sep 2004): 213-222.

[Abstract:] Does the Spiritual Transcendence Scale (STS; R. L. Piedmont, 1999) predict psychosocial outcomes from an outpatient substance abuse program? Self-report data on symptoms, personality, and coping resources were obtained for 73 consecutive admissions (57 men and 16 women; ages 19-66 years) at intake and again from the 56 (47 men and 9 women) who completed treatment. Controlling for relevant demographic variables, pretreatment STS scores were significantly related to self-ratings at posttreatment. The STS predicted treatment outcomes over and above the contribution of the five-factor model of personality. Significant partial correlations between pretreatment STS scores and therapist ratings of treatment outcome were also obtained. Spiritual Transcendence, especially the facets of Universality and Connectedness, appears to play a significant role in substance abuse recovery.

Proot, I. M., Abu-Saad, H. H., ter Meulen, R. H., Goldsteen, M., Spreeuwenberg, C. and Widdershoven, G. A. [Centre for Nursing Research, Maastricht University (UM) and the Institute for Bioethics, UM, Maastricht, The Netherlands; i.proot@ige.unimaas.nl]. "**The needs of terminally ill patients at home: directing one's life, health and things related to beloved others**." *Palliative Medicine* 18, no. 1 (Jan 2004): 53-61.

[Abstract:] This article describes the results of a grounded theory study among terminally ill patients (with a life expectancy of less than three months) at home (n = 13, aged 39-83). The most commonly recurring theme identified in the analysis is 'directing', in the sense of directing a play. From the perspectives of patients in our study, 'directing' concerns three domains: 1) directing one's own life; 2) directing one's own health and health care; and 3) directing things related to beloved others (in the meaning of taking care of beloved ones). The patient's directing is affected by impeding and facilitating circumstances: the patient's needs and problems in the physical, psychological and existential/spiritual domain, and the support by family members and providers. Supporting patients and families, stimulating the patients' directing, giving attention to all domains of needs and counseling patients' families in the terminal phase are issues that need attention and warrant further investigation.

Proulx, K. and Jacelon, C. [University of Massachusetts, Amherst, MA]. "**Dying with dignity: the good patient versus the good death**." *American Journal of Hospice & Palliative Care* 21, no. 2 (Mar-Apr 2004): 116-120. [Review, 28 refs.]

This is a review of [from the abstract:] articles pertaining to dying with dignity from the disciplines of nursing, medicine, ethics, psychology, and sociology were reviewed using a matrix method. A dichotomy surrounding dying with dignity emerged from this review. The definition of dignity in dying identifies not only an intrinsic, unconditional quality of human worth, but also the external qualities of physical comfort, autonomy, meaningfulness, usefulness, preparedness, and interpersonal connection. For many elderly individuals, death is a process, rather than a moment in time, resting on a need for balance between the technology of science and the transcendence of spirituality.

Puchalski, C. [Department of Medicine, The George Washington University, 2131 K Street NW, 5th Floor, Washington, DC 20052; hscsmp@gwumc.edu]. "**Spirituality in health: the role of spirituality in critical care**." *Critical Care Clinics* 20, no. 3 (Jul 2004): 487-504, x. [Review; 83 refs.]

[Abstract:] Caring for critically ill patients requires that physicians and other health care professionals recognize the potential importance of spirituality in the lives of patients, families, and loved ones and in their own lives. Patients and loved ones undergo tremendous stress and suffering in facing critical illness. Professional caregivers also face similar stress and sadness. Spirituality offers people away to understand suffering and illness. Spiritual beliefs can also impact how people cope with illness. By addressing spiritual issues of patients, loved ones, and ourselves, we can create more holistic and compassionate systems of care.

Puchalski, C. M. [George Washington University, George Washington Institute for Spirituality and Health, Washington, DC]. "**Listening to stories of pain and joy. Physicians and other caregivers can help patients find comfort and meaning at the end of life**." *Health Progress* 85, no. 4 (Jul-Aug 2004): 20-22, 57.

In this brief article, a leader in spirituality & health research considers, among other things, spirituality in the caregiver-patient relationship.

Puchalski, C. M., Dorff, R. E. and Hendi, I. Y. [George Washington Institute for Spirituality and Health, 2131 K Street, NW, Suite 510, Washington, DC 20037; hcscmp@gwumc.edu]. "**Spirituality, religion, and healing in palliative care**." *Clinics in Geriatric Medicine* 20, no. 4 (Nov 2004): 689-714, vi-vii. [Review, 69 refs.]

[Abstract:] In end-of-life care, attending to spiritual needs ensures that a dying patient has the opportunity to find meaning in the midst of suffering and to have the opportunity for love, compassion, and partnership in their final journey. This article summarizes some of the beliefs and traditions from Judaism, Islam, and Christianity that affect people as they face their own dying and mortality. People who do not participate in any formal religion also have a drive to find meaning in the midst of suffering and dying. They may find this in personal ways. This article presents some practical tools to help clinicians address and respect spiritual and religious issues of patients. It is crucial that our culture and our systems of care for the dying include a spiritual approach so that dying can be meaningful and even filled with hope.

Rabow, M. W., Dibble, S. L., Pantilat, S. Z. and McPhee, S. J. [Department of Medicine, University of California, San Francisco, CA 94115; mrabow@medicine.ucsf.edu]. "**The comprehensive care team: a controlled trial of outpatient palliative medicine consultation**." *Archives of Internal Medicine* 164, no. 1 (Jan 12, 2004): 83-91.

This was a year-long controlled trial involving 50 intervention outpatients and 40 control outpatients in a general medicine outpatient clinic who suffered from advanced congestive heart failure, chronic obstructive pulmonary disease, or cancer and who had a prognosis ranging from 1 to 5 years. The comprehensive care team intervention included a chaplain who offered patients spiritual and psychological support. Among the findings and conclusions, the intervention [from the abstract:] led to improved patient outcomes in dyspnea, anxiety, and spiritual well-being, but failed to improve pain or depression.

Ramondetta, L. M. and Sills, D. [Department of Gynecologic Oncology, Unit 440, The University of Texas M. D. Anderson Cancer Center, 1515 Holcombe Boulevard, Houston, TX 77030-4009; lramonde@mdanderson.org]. "**Spirituality in gynecological oncology: a review**." *International Journal of Gynecological Cancer* 14, no. 2 (Mar-Apr 2004): 183-201. [Review; 110 refs.]

[Abstract:] The following is a review of some of the work that has been published on issues related to definitions of spirituality and the many ways in which religious or spiritual concerns inform and can sometimes mold the relationships between gynecologic oncology patients, their physicians, and their health. Moreover, we have raised the question whether there is something specific or unique to the experience of women patients with reproductive cancers? Although it might seem clear to many of us that these patients are unique, it is hard to say exactly why. While there are differences between the various types of reproductive cancers, all share a common thread and all undermine the patient's identity as a woman. For oncologists, exploring the connection between the healing of the body and the healing of the spirit recognizes the comprehensive character of cancer treatment, and furthers the understanding that both physicians and patients share a knowledge that what patients lose in their battle with cancer is more than simply a medical life.

Rawlings-Anderson, K. [St Bartholomew School of Nursing and Midwifery, City University, London]. "**Assessing the cultural and religious needs of older people**." *Nursing Older People* 16, no. 8 (Nov 2004): 29-33. [Review, 12 refs.]

[Abstract:] Patients' cultural and religious needs can become particularly important during ill health. This article describes two different frameworks and how they can be used by nurses to assess those needs among older people in their care.

Reicks, M., Mills, J. and Henry, H. [Department of Food Science and Nutrition, University of Minnesota, 1334 Eckles Avenue, St. Paul, MN 55108; mreicks@umn.edu]. "**Qualitative study of spirituality in a weight loss program: contribution to self-efficacy and locus of control**." *Journal of Nutrition Education & Behavior* 36, no. 1 (Jan-Feb 2004): 13-15, 2004.

[Abstract:] OBJECTIVE: The purpose of this qualitative study was to examine how spirituality affects intrapersonal characteristics associated with a weight loss program. DESIGN: A series of 5 focus group interviews was conducted with women who were past participants of the Weigh Down Workshop, a spiritually based weight loss program. SETTING: Three churches in the Minneapolis/St. Paul, Minnesota, metropolitan area. PARTICIPANTS: Focus group participants (N = 32) were white, fairly well educated, with moderate income levels. Their mean age was 50 years. PHENOMENA OF INTEREST: Behavior changes, factors affecting self-efficacy for performing the behaviors, and locus of control. ANALYSIS: Sessions were audiotaped and transcribed. Transcribed text was coded and analyzed using qualitative data analysis procedures. RESULTS: Major changes in self-reported eating behaviors included eating only when experiencing true physiological hunger and stopping when sensing a feeling of fullness. Self-efficacy for these behaviors was reported to be enhanced by observing weight loss for themselves or others. Support from other group members, the simplicity of the program, and spiritual benefits through prayer and scripture reading were also reported to enhance confidence. Women indicated that they relied on an internal locus of control based on a sense of self-discipline. CONCLUSIONS AND IMPLICATIONS: Traditional means to enhance self-efficacy were important for all women; however, for some women, spirituality was also an important aspect of adhering to program principles.

Reindl-Benjamins, M. and Brown, C. "Population Research Center, University of Texas at Austin, 1 University Station G1800, Austin, TX 78712; reindl@prc.utexas.edu]. "**Religion and preventative health care utilization among the elderly**." *Social Science & Medicine* 58, no. 1 (Jan 2004): 109-118.

[Abstract:] Evidence supporting a relationship between religion and physical health has increased substantially in the recent past. One possible explanation for this relationship that has not received much attention in the literature is that health care utilization may differ by religious involvement or religious denomination. A nationally representative sample of older adults was used to estimate the effects of religious salience and denomination on six different types of preventative health care (i.e. flu shots, cholesterol screening, breast self-exams, mammograms, pap smears, and prostate screening). Findings show that both men and women who report high levels of religiosity are more likely to use preventative services. Denominational differences show that affiliated individuals, especially those who are Jewish, are significantly more likely to use each type of preventative care than non-affiliated individuals. The results of this study open the door to further exploration of this potentially important, but relatively neglected, link between religion and health.

Resnicow, K., Campbell, M. K., Carr, C., McCarty, F., Wang, T., Periasamy, S., Rahotep, S., Doyle, C., Williams, A. and Stables, G. [School of Public Health, University of Michigan, Ann Arbor; kresnic@umich.edu]. "**Body and soul. A dietary intervention conducted through African-American churches**." *American Journal of Preventive Medicine* 27, no. 2 (Aug 2004): 97-105.

[From the abstract:] …Body and Soul was constructed from two successful research-based interventions conducted in African-American churches. Components deemed essential from the prior interventions were combined, and then tested in a cluster randomized-effectiveness trial. The primary outcome was fruit and vegetable intake measured with two types of food frequency questionnaires at baseline and 6-month follow-up. RESULTS: At the 6-month follow-up, intervention participants showed significantly greater fruit and vegetable (F&V) intake relative to controls. Post-test differences were 0.7 and 1.4 servings for the 2-item and 17-item F&V frequency measures, respectively. Statistically significant positive changes in fat intake, motivation to eat F&V, social support, and efficacy to eat F&V were also observed.

Ritt-Olson, A., Milam, J., Unger, J. B., Trinidad, D., Teran, L., Dent, C. W. and Sussman, S. [Institute for Health Promotion and Disease Prevention Research, University of Southern California, Alhambra, CA 91803; ritt@usc.edu]. "**The protective influence of spirituality and "Health-as-a-Value" against monthly substance use among adolescents varying in risk**." *Journal of Adolescent Health* 34, no. 3 (Mar 2004): 192-199.

[Abstract:] PURPOSE: To investigate the influence of two potentially protective factors, Health-as-a-Value and spirituality, on monthly alcohol, cigarette, and marijuana use in two multiethnic groups of adolescents varying in risk. METHODS: Three-hundred-eighty-two students from continuation/alternative high school, a population considered at risk for drug use, participated in the study. The other sample of 260 students was drawn from a medical magnet high school, and is considered to be at lower risk. Similar surveys containing measures of spirituality, "Health-as-a-Value," and monthly substance use, were distributed. Logistic regression analyses were performed. RESULTS: The analyses revealed that spirituality was protective against monthly alcohol use and marijuana use in the lower risk sample. In the higher risk sample, spirituality was protective against all monthly use. "Health-as-a-Value" (HAV) was protective against monthly alcohol use in the low risk sample, and protective against all monthly use in the higher risk sample. Importantly, when both constructs were entered into the same model, spirituality and HAV were independently protective of all monthly use for the higher risk sample and of monthly alcohol use in the lower risk sample. CONCLUSIONS: These findings extend earlier work on protective factors. "Health-as-a-Value" and spirituality may be protective against substance use in environments with different levels of use. Future studies should explore these findings in longitudinal analyses.

Robinson, J. D. and Jon, F. N. [Department of Communication Arts & Sciences the Pennsylvania State University, PA 16802-5201; jdr12@psu.edu]. "**Grounding research and medical education about religion in actual physician-patient interaction: church attendance, social support, and older adults**." *Health Communication* 16, no. 1 (2004): 63-85.

[Abstract:] This article reviews the relation between social support and elder health, the social-support dimensions of religion, the relation between church attendance and elder health, the place of religion in the biopsychosocial model of medicine, and medical education's position on physician-patient communication about religion. It then examines the emergence of the topic of religion in actual visits. Data are 71 videotaped and transcribed, chronic-routine visits between 12 internal medicine physicians and their older patients. Religion was raised as a topic in 9 visits (13%). In every case, the topic was initiated by patients. The most frequent topic was church attendance (7 of 9 topics), which patients typically used as a contextualizing framework to relate and describe somatic problems. In no cases did physicians make efforts to support or facilitate patients' church attendance, as is advocated by medical education. Implications for medical education and the biopsychosocial model are discussed.

Robinson-Smith, G. [Villanova University College of Nursing; Gale.Robinson-Smith@Villanova.edu]. "**Verbal indicators of depression in conversations with stroke survivors**." *Perspectives in Psychiatric Care* 40, no. 2 (Apr-Jun 2004): 61-69.

[Abstract:] TOPIC: This secondary analysis study examined patients' comments at 1 and 6 months poststroke when they had scores of > or = 16 on the Center for Epidemiologic Studies-Depression Scale. Stroke survivors' depressive comments were matched with items of two well-established depression instruments. METHODS: A qualitative study using content analysis to analyze the data (N = 7). FINDINGS: Verbal

indicators of depression were evident in patients' comments, and depressive themes were identified. Depression instrument items were congruent with minor themes, except for spirituality. CONCLUSIONS: The analysis provides guidance for assessment of stroke survivor depression. It provides direction for designing interventions to decrease depression after stroke.

Rousseau, P., Stolick, M., Morris, G. M. and Ufema, J. [VA Medical Center, Phoenix, AZ]. "**Case study: Death or damnation--refusing life-prolonging therapy on religious grounds**." *American Journal of Hospice & Palliative Care* 21, no. 6 (Nov-Dec 2004): 469-73.

This "Ethics Roundtable" article, considers from the perspectives of a physician, an ethicest, a lawyer, and a nurse the case of a Jehovah's Witness patients who refuses blood transfusion.

Rube, D. M. and Kibel, R. N. [Department of Psychiatry, Columbia College of Physicians and Surgeons, Columbia University, New York, NY; qcmddmr@omh.state.ny.us]. "**The Jewish child, adolescent, and family**." *Child & Adolescent Psychiatric Clinics of North America* 13, no. 1 (Jan 2004): 137-147.

[Abstract:] This brief review addresses the history, beliefs, and practices of Jewish families that have implications for clinical management of the problems and disorders of children and adolescents. It focuses primarily on the problems of the Orthodox family due, in part, to the limitations of space. There remains, however, little doubt that the clinician must be aware of the impact that Jewish heritage may have on the clinical issues at hand. This impact is significant whether the worldview of the family is characterized by strict Orthodoxy or is primarily that of an ethnic identification with less concern for belief and practice.

Rubenfeld, G. D. [Harborview Medical Center, Division of Pulmonary and Critical Care Medicine, University of Washington, 325 Ninth Avenue, Seattle, WA 98104-2499; nodrog@u.washington.edu]. "**Principles and practice of withdrawing life-sustaining treatments**." *Critical Care Clinics* 20, no. 3 (Jul 2004): 435-451, ix. [Review; 38 refs.]

This overview includes a brief section on "Pastoral, Nursing, and Emotional Support" (pp. 444-445).

Sabate, J. [Department of Nutrition, School of Public Health, Loma Linda University, CA 92350;jsabate@sph.illu.edu]. "**Religion, diet and research**." *British Journal of Nutrition* 92, no. 2 (Aug 2004): 199-201.

This invited commentary outlines significant connections between religion and diet pertinent to research. Eighteen references.

Sageman, S. [Columbia University, College of Physicians and Surgeons, New York, NY]. "**Breaking through the despair: spiritually oriented group therapy as a means of healing women with severe mental illness**." *Journal of the American Academy of Psychoanalysis & Dynamic Psychiatry* 32, no. 1 (Spring 2004): 125-141.

[Abstract:] Studies have shown that 96% of Americans believe in God and over 90% pray yet there is relatively little education available for clinicians on how to use spirituality as a tool for healing mental illness, particularly when treating very sick patients. This article illustrates how spiritually oriented group therapy with severely ill women can help to improve mood, affect, motivation, interpersonal bonding, and sense of self, and can succeed in reaching patients and promoting recovery in ways that traditional therapy cannot. Specific modalities including group prayer, yoga breathing, and spiritual readings are described. Breaking Through the Despair offers both a psychodynamic and a neurophysiologic perspective for understanding how this type of treatment helps patients transcend their mental illness and be able to grasp abstract spiritual concepts, develop a sense of belonging to a caring community, and integrate a new sense of themselves as productive and valued individuals.

Salas, S. and Sushrut, J. [Huntley Centre, St. Pancras Hospital, London. Sue.Salas@candi.nhs.uk]. "**Meeting the needs of Muslim service users**." *Professional Nurse* 20, no. 1 (sep 2004): 22-24.

This article, written in the British context, offers a good deal of generally applicable information about Islam and the care of Muslim patients. The author details some specific issues, notes clinical examples, provides practical suggestions for staff development and education on the subject, and explains "what an Imam can do."

Sattar, S. P., Ahmed, M. S., Madison, J., Olsen, D. R., Bhatia, S. C., Ellahi, S., Majeed, F., Ramaswamy, S., Petty, F. and Wilson, D. R. [Creighton University/University of Nebraska, Omaha, NE; syed.sattar@med.va.gov]. "**Patient and physician attitudes to using medications with religiously forbidden ingredients**." *Annals of Pharmacotherapy* 38, no. 11 (Nov 2004): 1830-1835.

[Abstract:] BACKGROUND: Over 1000 medications contain pork- and/or beef-derived gelatin and stearic acid as inert ingredients. Use of these medications in patients with religious beliefs against consumption of these ingredients might constitute an ethical conflict. OBJECTIVE: To assess patients' and physicians' attitudes about using medications with religiously prohibited ingredients derived from pork and/or beef. METHODS: In this pilot study, 100 patients and 100 physicians completed a survey designed to assess their knowledge and opinion on using medications that might contain inert ingredients derived from animals whose consumption offends followers of certain religions. RESULTS: Of the 100 patients surveyed, most (84%) reported that they were not aware that several medications contained ingredients derived from pork and/or beef. About 63% of the patients wanted their physicians, and 35% of the patients wanted their non-physician healthcare providers (pharmacists, nurses), to inform them when using such medications. Thirteen percent of the patients shared religious reasons for not consuming pork and/or beef products. Approximately 70% of physicians were unaware that several medications contain ingredients that might be against their patients' religion, and most (70%) thought that it was important to inform their patients if such drugs were prescribed. CONCLUSIONS: This pilot study suggests that both patients and physicians think that patients should be informed whenever medications that contain pork- and/or beef-derived products are prescribed. The use of medications with these ingredients is an ethical issue. Informing patients about this issue promotes respect for their religious beliefs and may promote therapeutic alliance; therefore, this might have public health implications and needs further research.

Sattar, S. P., Shakeel Ahmed, M., Majeed, F. and Petty, F. [Creighton University/University of Nebraska, and Substance Abuse Treatment Center, Omaha Veterans Affairs Medical Center, Omaha, NE; syed.satter@med.va.gov]. "**Inert medication ingredients causing nonadherence due to religious beliefs**." *Annals of Pharmacotherapy* 38, no. 4 (Apr 2004): 621-624.

[Abstract:] OBJECTIVE: To report 4 cases of medication nonadherence due to presence of inert ingredients forbidden by the patients' religion. CASE SUMMARIES: We describe 4 cases in which religious concerns about prescribed medications' inert components led to discontinuation of these medications. These inert components are gelatin and stearic acid, which might be derived from pork or beef products. In these 4 cases,

patients of Muslim, Orthodox Christian, and Seventh Day Adventist faiths, who consider it against their religion to consume pork products, stopped their medications on discovering this possibility. This led to relapse of their illnesses. DISCUSSION: These cases demonstrate that, for some patients, inert medication components that are forbidden by their religion may lead to discontinuation of medications. This could lead to relapse of symptoms and might even lead to hospitalization. Therefore, it is important for prescribers to inform patients of this possibility when treating patients whose religious background might conflict with these inert medication components. CONCLUSIONS: Patients with religion prohibitions against consumption of pork and/or beef products might stop their medications when prescribed those with pork- and beef-derived gelatin and/or stearic acid. Prescribers should discuss this possibility with their patients, perhaps as part of informed consent.

Schneider, J. F. [University of the Saarland, Germany; josh@mx.uni-saarland.de]. "**Prayer and inner speech: is there a connection?**" *Psychological Reports* 94, no. 3, pt. 2 (Jun 2004): 1382-1384.
[Abstract:] The present study explored the relation between frequency of prayer, inner speech, and self-efficacy for a sample of 134 Germany adults (88 women and 46 men). It was hypothesized that prayer activity by adults is functionally related to inner speech, and both might result in higher self-efficacy, but the findings challenge the notion that inner speech is associated with frequency of prayer and self-efficacy. More importantly, significant negative correlations were found between self-efficacy and both the measures of frequency of prayer ($r = -.28$) and church attendance ($r = -.44$). Further research is needed to relate inner speech to different types of private prayer, given that this sample comprised irregular churchgoers who prayed "never" or "sometimes."

Schreier, A. M. and Williams, S. A. [School of Nursing, East Carolina University, Greenville, NC; schreieran@mail.ecu.edu]. "**Anxiety and quality of life of women who receive radiation or chemotherapy for breast cancer**." *Oncology Nursing Forum* 31, no. 1 (Jan-Feb 2004): 127-130.
This study of 17 women receiving radiation and 31 receiving chemotherapy employed the Ferrans and Powers Quality of Life Index and Speilberger's State-Trait Anxiety Inventory (STAI). Among the findings, [from the abstract:] Trait anxiety was significantly higher for women receiving chemotherapy, and state anxiety was significantly higher at all three measurement times for the women. State anxiety did not decrease significantly over the course of the treatment for either group. Trait anxiety and state anxiety at the start of treatment were significantly negatively correlated with total QLI score and the psychological/spiritual subscale.

Sexson, S. B. [Division of Child and Adolescent Psychiatry, Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine, Atlanta, GA 30306; ssexson@emory.edu]. "**Religious and spiritual assessment of the child and adolescent**." *Child & Adolescent Psychiatric Clinics of North America* 13, no. 1 (Jan 2004): 35-47, vi.
[Abstract:] Assessment in child and adolescent psychiatry is a complex process that involves developmental, environmental, and experiential perspectives. Recently, there has been interest in including spiritual and religious assessment in the psychiatric assessment of children, but no well-recognized guidelines for such an assessment have been established. This article proposes an approach to spiritual assessment of children and adolescents that begins with developing an understanding of the family's spiritual and religious life, followed by a developmentally informed method of observing and talking with children and adolescents about their spiritual and religious beliefs. The article concludes with a discussion of ethical issues involved when the psychiatrist addresses issues of spirituality and religion with child and adolescent patients and their families.

Sherman, A. C., Simonton, S., Latif, U., Nieder, M. L., Adams, R. H. and Mehta, P. [Behavioral Medicine, Arkansas Cancer Research Center, University of Arkansas for Medical Sciences, Little Rock, AK; ShermanAllenC@uams.edu]. "**Psychosocial supportive care for children receiving stem cell transplantation: practice patterns across centers**." *Bone Marrow Transplantation* 34, no. 2 (Jul 2004): 169-174.
Among the findings of this survey of 65 medical centers of the Pediatric Blood and Marrow Transplant Consortium, 38.8% of the centers screened patients for spiritual concerns.

Sherman, D. W., Matzo, M. L., Paice, J. A., McLaughlin, M. and Virani, R. [Advanced Practice Palliative Care Master's and Post-Master's Programs, Division of Nursing, New York University, New York, NY 10003-6677]. "**Learning pain assessment and management: a goal of the End-of-Life Nursing Education Consortium**." *Journal of Continuing Education in Nursing* 35, no. 3 (May-Jun 2004): 107-120; quiz 141-142. [Review; 19 refs.]
[From the abstract:] By addressing the pain experienced by patients with life-limiting illnesses and those at the end of life, the quality of care can be greatly improved. As a multidimensional phenomenon that relates to physical, emotional, and spiritual well-being, the relief of pain enhances the quality of life of patients and lessens the stress experienced by family caregivers….

Shreve-Neiger, A. K. and Edelstein, B. A. [West Virginia University, Morgantown, WV; ashrev@mix.wvu.edu]. "**Religion and anxiety: a critical review of the literature**." *Clinical Psychology Review* 24, no. 4 (Aug 2004): 379-397. [Review; 67 refs.]
[Abstract:] Religion's effects on mental health have been debated for years, yet only in the last half century have these theories been empirically tested. While a number of mental health constructs have been linked to religion, one of the most prevalent and debilitating mental health indices, anxiety, has been largely ignored. This paper categorizes and critically reviews the current literature on religion and general indices of anxiety in terms of findings linking decreased anxiety to religiosity, increased anxiety to religiosity, and those finding no relation between anxiety and religiosity. Results from 17 studies are described and synthesized. Conceptual and methodological weaknesses that potentially threaten the validity and generalizability of the findings are discussed. Finally, conclusions and directions for future research are provided.

Simmonds, J. G. [Psychology Department, Faculty of Education, Building 6, Monash University, Vic 3800, Australia; janette.simmonds@education.monash.edu.au]. "**Heart and spirit: research with psychoanalysts and psychoanalytic psychotherapists about spirituality**." *International Journal of Psycho-Analysis* 85, pt. 4 (Aug 2004): 951-971.
[Abstract:] In qualitative interview research with 25 psychoanalysts and psychoanalytic psychotherapists in London, Sydney and Melbourne, the author explored how these clinicians experienced, conceptualised and worked with spiritual issues. Bringing to bear their experience on both sides of the couch, this 'information-rich' sample of mainly senior practitioners reflected on a psychoanalytically informed view of spirituality, and its understanding in clinical practice. Two methods of analysis were used. The technique of 'narrative finding' was followed by coding of core ideas, themes and concepts expressed. Participants noted that spirit may be the 'blind spot' of psychoanalysis, and reflected that what they had wanted in their own analyses--and consider that what patients want--is to be able to have spiritual issues addressed in a similar

manner to other matters, not prejudged as infantile or pathological. In participants' concepts and experience of spirit, a comfort/challenge dimension was identified. Comfort was taken in having a 'wider view', a more inclusive sense of inter-relatedness, with challenge involving a heightened sense of the unknown and a greater degree of uncertainty.

Smith, J. and McSherry, W. [Child Health, School of Healthcare Studies, University of Leeds, Leeds, UK; hcsjsm@leeds.ac.uk]. "**Spirituality and child development: a concept analysis**." *Journal of Advanced Nursing* 45, no. 3 (Feb 2004): 307-315.
[Abstract:] BACKGROUND: If children are to be given the opportunity to develop to their full potential, fostering spiritual growth must be part of the process of caring for them. However, the meaningful application of spiritual care in everyday practice is fraught with difficulties. In addition to a lack of understanding of the term itself and of the expression of spirituality, in child health these difficulties are further compounded by the stage of a child's development. AIM: The aims of this paper are to explore spiritual awareness in children by providing examples of the expression of spiritual beliefs in relation to the developmental stage of the child, and to identify the implications of the findings for clinical practice. METHOD: A model of concept development, using the cyclical process of 'significance', 'use' and 'application' was applied, and formed the philosophical underpinnings for the paper. This framework is particularly relevant to child health, as there is little evidence to draw on, particularly in relation to a child's spiritual needs. FINDINGS: Five primary research papers which met the inclusion criteria were reviewed, and provided examples of spiritual beliefs and their manifestations in children. The examples highlighted the diversity and complexity of children's thinking. CONCLUSIONS AND RECOMMENDATIONS: Health care professionals working with children should receive education about the spiritual needs of children. Assessment tools should be developed to facilitate detailed assessment of children's spiritual needs. Professionals need to listen to and communicate with children at different stages of development if spiritual distress is to be identified. Families' health care beliefs should be respected and considered when planning care.

Smith, M. H., Richards, P. S. and Maglio, C. J. [Brigham Young University, Provo, UT; mhs@email.byu.edu]. "**Examining the relationship between religious orientation and eating disturbances**." *Eating Behaviors* 5, no. 2 (May 2004): 171-180.
[Abstract:] The relationship between religion and eating concerns is receiving increasing empirical attention. The current investigation sought to examine the relationship between eating attitudes and religious orientation, utilizing the fourfold typology of religious orientation. A curvilinear relationship was found between religious orientation and eating attitudes among a subclinical college population and a clinical population of individuals receiving inpatient treatment for eating disorders, particularly among extrinsically orientated individuals with diagnosis of bulimia nervosa.

Snethen, J. A., Broome, M. E., Kelber, S. and Warady, B. A. [University of Wisconsin-Milwaukee, College of Nursing, Milwaukee, WI]. "**Coping strategies utilized by adolescents with end stage renal disease**." *Nephrology Nursing Journal: Journal of the American Nephrology Nurses' Association* 31, no. 1 (Jan-Feb 2004): 41-49.
[From the abstract:] …The purpose of this descriptive investigation was to identify coping strategies that adolescents with ESRD use to manage their chronic illness. Participants for this investigation were 35 adolescents, 13-18 years of age, with ESRD. The A-COPE survey instrument was used in a clinical and camp setting…. Analyses revealed that adolescents with ESRD utilized a variety of coping strategies to manage the stresses of living with their chronic condition. Personal characteristics of gender, transplant status, age, and religious views were significantly related to the coping strategies the adolescents reported using.

Sodergren, S. C., Hyland, M. E., Crawford, A. and Partridge, M. R. [Dept. of Psychology, University of Plymouth, UK]. "**Positivity in illness: self-delusion or existential growth?**" *British Journal of Health Psychology* 9, no. pt. 2 (May 2004): 163-174.
[Abstract:] OBJECTIVES: This study investigated the relationship between a measure of positivity in illness, the Silver Lining Questionnaire (SLQ), and measures of personality and spirituality/religious beliefs as a way of determining whether positivity in illness is a delusion or existential growth. METHOD: This is a cross-sectional study comparing response to the SLQ, to the Eysenck Personality Questionnaire (EPQ-R), breathlessness, illness type, and spiritual and religious beliefs in a final total sample of 194 respiratory outpatients. RESULTS: The SLQ was associated positively with extraversion ($r = .16$, $p < .05$), unrelated to neuroticism ($r = .11$, n.s.) and repression ($r = .10$, n.s.) and was positively associated with spiritual and religious beliefs, $F(2; 187) = 7.12$, $p < 001$, as predicted by the existential growth but not the delusion interpretation. There was no relationship between positivity and age, $r(194) = .09$, n.s., or between positivity and gender $t(192) = -1.27$, n.s., and nor were there relationships with type of illness, $F(4, 188) = 2.17$, n.s., or breathlessness, $F(5,173) = 0.42$, n.s. CONCLUSIONS: The results suggest that positivity in illness is associated with existential growth, though the cross-sectional nature of the study precludes a conclusion of causal direction. The non-significant correlation between the SLQ and neuroticism is in the opposite direction predicted by the delusion explanation, but the non-significant relationship between the SLQ and repression is in the predicted direction. We cannot rule out the possibility that some positivity is delusion.

Speck, P., Higginson, I. and Addington-Hall, J. "**Spiritual needs in health care**." *BMJ* 329, no. 7458 (Jul 17, 2004): 123-124.
The authors, writing in a British health care context, addresses the need for chaplains to be aware of health research pertinent to pastoral caregivers and to become themselves involved in research.

Steer, C. J. and Lee, C. [First Baptist Church, Rochester, MN and The Royal Marsden Hospital, London, England; john@firstb.org]. "**Addressing spiritual care: calling for help**." *Journal of Clinical Oncology* 22, no. 23 (Dec 1, 2004): 4856-8. [Erratum appears in vol. 23, no. 1 (Jan 1, 2005): 248.] [Review, 13 refs.]
The authors use a case to discuss oncologists' use of clergy referrals for patients with spiritual needs. They distinguish between chaplains and congregational clergy.

Stevermer, M. [Saint Mary's Hospital, Mayo Foundation, Rochester, MN 55902; stevermer.mona@mayo.edu]. "**Spirituality and health care: Internet resources**." *Medical Reference Services Quarterly* 23, no. 2 (Summer 2004): 57-71.
[Abstract:] Medicine and spirituality have had an enduring, complementary relationship from the earliest days of health care. Recent publications, Web site developments, and education programs underscore the continuing enthusiasm for the study of the relationship between spirituality and patient care in the health care community. This article outlines a selective list of Internet sites and online resources and serves as a guide for further inquiry into spirituality and health care concepts.

Storch, E. A., Strawser, M. S. and Storch, J. B. [Department of Psychiatry, University of Florida, Box 100234, Gainesville, FL 32610; estorch@psychiatry.ufl.edu]. "**Two-week test-retest reliability of the Duke Religion Index**." *Psychological Reports* 94, no. 3, pt. 1 (Jun 2004): 993-994.

[Abstract:] The present study investigated 2-wk. test-retest reliability of the Duke Religion Index, a 5-item self-report questionnaire that assesses organizational, nonorganizational, and intrinsic religiosity. The sample consisted of 20 undergraduate college students (11 women) whose mean age was 24.7 yr. (SD=5.0 yr.). Findings supported the 2-wk. test-retest reliability of the Duke Religion Index with an intraclass correlation coefficient of .91.

Strang, P., Strang, S., Hultborn, R. and Arner, S. [Department of Oncology and Pathology, Karolinska Institutet, SSH, Mariebergsg 22, 112-35 Stockholm, Sweden]. "**Existential pain--an entity, a provocation, or a challenge?**" *Journal of Pain & Symptom Management* 27, no. 3 (Mar 2004): 241-250.

[Abstract:] "Existential pain" is a widely used but ill-defined concept. Therefore the aim of this study was to let hospital chaplains (n=173), physicians in palliative care (n=115), and pain specialists (n=113) respond to the question: "How would you define the concept existential pain?" A combined qualitative and quantitative content analysis of the answers was conducted. In many cases, existential pain was described as suffering with no clear connection to physical pain. Chaplains stressed significantly more often the guilt issues, as well as various religious questions (P<0.001). Palliative physicians (actually seeing dying persons) stressed more often existential pain as being related to annihilation and impending separation (P<0.01), while pain specialists (seeing chronic patients) more often emphasized that "living is painful" (P<0.01). Thirty-two percent (32%) of the physicians stated that existential suffering can be expressed as physical pain and provided many case histories. Thus, "existential pain" is mostly used as a metaphor for suffering, but also is seen as a clinically important factor that may reinforce existing physical pain or even be the primary cause of pain, in good agreement with the current definition of pain disorder or somatization disorder.

Struthers, R., Eschiti, V. S. and Patchell, B. [University of Minnesota School of Nursing, 6-101 Weaver-Densford Hall, 308 Harvard St. SE, Minneapolis, MN 55455; strut005@umn.edu]. "**Traditional indigenous healing: Part I**." *Complementary Therapies in Nursing & Midwifery* 10, no. 3 (Aug 2004): 141-149. [Review; 45 refs.]

[Abstract:] Traditional indigenous healing is widely used today, as it has been since time immemorial. This article describes the following areas in regards to traditional healing: (a) an explanation of indigenous peoples, (b) a definition of traditional indigenous healing, (c) a portrayal of traditional healers, (d) health within indigenous culture, (e) traditional healing techniques, (f) utilization of traditional healing, (g) how to find a traditional healer, and (h) comparing traditional healing principles with mainstream ways. It is important to have knowledge about this method of holistic healing so health care providers and nurses can integrate it into the health care for individuals and/or families that choose traditional indigenous healing.

Stuber, M. L. and Houskamp, B. M. [Psychiatry and Biobehavioral Sciences, University of California-Los Angeles Neuropsychiatric Institute and Hospital, 760 Westwood Plaza, Los Angeles, CA 90024-1759; mstuber@mednet.ucla.edu]. "**Spirituality in children confronting death**." *Child & Adolescent Psychiatric Clinics of North America* 13, no. 1 (Jan 2004): 127-136, viii.

[Abstract:] This article uses a developmental framework to consider common spiritual issues raised by children and adolescents who are confronting death. The literature exploring the role of children's spirituality in addressing death is used to illustrate specific areas of concern and topics deserving further research. Clinical examples are offered to illustrate the types of situations encountered by mental health professionals dealing with seriously ill children and their families. Recommendations are offered for concrete approaches for mental health professionals dealing with families confronting the death of a child.

Sullivan, M. A., Muskin, P. R., Feldman, S. J. and Haase, E. [New York Psychiatric Institute, New York City]. "**Effects of religiosity on patients' perceptions of do-not-resuscitate status**." *Psychosomatics* 45, no. 2 (Mar-Apr 2004): 119-128.

[Abstract:] Forty-eight oncology inpatients participated in a survey designed to characterize their understanding of and beliefs about do-not-resuscitate (DNR) decisions and to identify dimensions of religiosity associated with moral beliefs about DNR decisions. Seventy-five percent of the patients believed they understood the meaning of "DNR," but only 32% were able to provide an accurate definition. Seventeen percent believed that DNR decisions are morally wrong, and 23% believed that they are equivalent to suicide. Those who lacked an accurate understanding of DNR status were significantly more likely to perceive them as morally wrong. Gender, but not religious denomination, was significantly related to patients' attitudes about the morality of DNR decisions. The belief that DNR decisions are morally wrong was predicted by certain religious practices, including near-daily meditation, near-daily thinking about God, and the current practice of meditation, and by endorsement of the statement, "My faith sometimes restricts my action."

Valente, S. M. [Dept. of Veterans Affairs and the University of Southern California, Los Angeles, CA; sharon.valente@med.va.gov]. "**End-of-life challenges: honoring autonomy**." *Cancer Nursing* 27, no. 4 (Jul-Aug 2004): 314-319. [Review; 31 refs.]

One of the points in this review is that [from the abstract:] medical and psychological symptoms and spiritual distress often trigger thoughts of hastening death even when pain and symptoms have been treated.

VandeCreek, L., Paget, S., Horton, R., Robbins, L., Oettinger, M. and Tai, K. [The HealthCare Chaplaincy, New York, NY; lvandecreek2001@yahoo.com]. "**Religious and nonreligious coping methods among persons with rheumatoid arthritis**." *Arthritis & Rheumatism* 51, no. 1 (Feb 15, 2004): 49-55.

[Abstract:] OBJECTIVE: To examine religious and nonreligious coping methods among persons with rheumatoid arthritis (RA). To identify positive and negative religious coping methods and personal characteristics associated with them. METHODS: Persons with RA (n = 181) completed a religious coping questionnaire, 6 subscales from a nonreligious coping inventory, and a depression scale. RESULTS: Religious and nonreligious coping were moderately correlated. The scores of all positive religious coping subscales were positively related to the importance persons attributed to religion. Scores of all negative religious coping subscales were positively associated with self-reported depressive symptoms. CONCLUSIONS: Correlations of religious and nonreligious coping methods were neither completely independent of each other nor functionally redundant, suggesting that each made unique contributions to coping with RA. Persons with no (or few) depressive symptoms who reported that religion was important to them tended to make positive use of their religion as they coped with the emotional stress of RA. A significant number of self-reported depressive symptoms were correlated with a negative use of religion.

van Leeuwen, R. and Cusveller, B. [Lindeboom Institute, Centre for Medical Ethics, 6710 BE Ede, The Netherlands]. "**Nursing competencies for spiritual care**." *Journal of Advanced Nursing* 48, no. 3 (Nov 2004): 234-246. [Review; 35 refs.]

[Abstract:] AIM: This paper aims to answer the question: What competencies do professional nurses need to provide spiritual care? BACKGROUND: Nursing literature from The Netherlands shows little clarity on the qualities that nurses require to provide spiritual care. Although the international literature provides some practical guidance, it is far from conclusive on the required qualities of nurses. METHOD: A qualitative literature review was conducted to draw together information from the nursing literature in order to formulate nursing competencies. A format developed for higher nursing education in The Netherlands was used; this consists of description of a general domain, specific competencies, vignettes, key focus and objectives. RESULTS: The resulting competency profile has three core domains (awareness and use of self, spiritual dimensions of the nursing process, and assurance and quality of expertise) and six core competencies (handling one's own beliefs, addressing the subject, collecting information, discussing and planning, providing and evaluating, and, integrating into policy). DISCUSSION: Spirituality is a field in nursing that is still in its infancy. CONCLUSION: This literature review yields a competency profile that may help to structure future care, research and education in spiritual care by nurses. Implications of the work for future research and education are discussed.

Walton, J., Craig, C., Derwinski-Robinson, B. and Weinert, C. [Carroll College, Helena, MT; joniwalton@msn.com]. "**I am not alone: spirituality of chronically ill rural dwellers**." *Rehabilitation Nursing* 29, no. 5 (Sep-Oct 2004): 164-168.

[Abstract:] Spirituality plays a vital role in adjusting to chronic illness and rehabilitation nurses strive to gain understanding of their patients' spirituality in order to improve patient care and outcomes. The purpose of this qualitative study was to explore the nature of spirituality in chronically ill rural dwellers and how it relates to their illness. As a part of this pilot project, 10 women with chronic illness volunteered to participate in a phone interview to discuss their spirituality. Content analysis was used to analyze the data. The theme Means the World to Me described what spirituality meant to participants. The following themes described how spirituality related to chronic illness: I Am Not Alone, Putting on a Happy Face, Others Are Worse Off, Transcending Despair and Letting Go. Participants were able to use spiritual coping measures to transcend despair. Results from this study provide rehabilitation nurses with insight into the spirituality needs of chronically ill rural-dwelling women.

Walton, J. and Sullivan, N. [Carroll College, USA]. "**Men of prayer: spirituality of men with prostate cancer: a grounded theory study**." *Journal of Holistic Nursing* 22, no. 2 (Jun 2004): 133-151.

[Abstract:] Spirituality plays a powerful role in cancer treatment and recovery; it has been identified by hospitalized patients as one of their top priorities of care. However, health care providers struggle to find ways to address the spirituality of their patients. The purposes of this study were to discover what spirituality means for men with prostate cancer and how it influences their treatment. Eleven men, ages 54 to 71, with prostate cancer were interviewed within several days following radical prostatectomy with bilateral lymph node staging. This grounded theory methodology generated three categories of spirituality: (a) praying, (b) receiving support, and (c) coping with cancer. The basic social process, coping with cancer, occurred in four phases: facing cancer, choosing treatment, trusting, and living day by day. These results were validated by four of the participants for truthfulness. The findings of this study provide holistic nurses with knowledge and a midrange theory of spirituality that can be used in building a research-based practice.

Weaver, A. J. and Flannelly, K. J. [HealthCare Chaplaincy, New York, NY, USA. aweaver747@aol.com]. "**The role of religion/spirituality for cancer patients and their caregivers**." *Southern Medical Journal* 97, no. 12 (Dec 2004): 1210-1214. [Review, 64 refs.]

[Abstract:] Research has shown that religiosity and spirituality significantly contribute to psychosocial adjustment to cancer and its treatments. Religion offers hope to those suffering from cancer, and it has been found to have a positive effect on the quality of life of cancer patients. Numerous studies have found that religion and spirituality also provide effective coping mechanisms for patients as well as family caregivers. Research indicates that cancer patients who rely on spiritual and religious beliefs to cope with their illness are more likely to use an active coping style in which they accept their illness and try to deal with it in a positive and purposeful way. Faith-based communities also offer an essential source of social support to patients, and religious organizations can play a direct and vital role in cancer prevention by providing screening, counseling, and educational programs, especially in minority communities.

Weissman, D. E. [Division of Neoplastic Disease and Related Disorders, Froedtert Hospital, Room 3961, 9200 W Wisconsin Ave, Milwaukee, WI 53226; dweissma@mail.mcw.edu]. "**Decision making at a time of crisis near the end of life**." *JAMA* 292, no. 14 (Oct 13, 2004): 1738-43. Comment in vol. 293, no. 2 (Jan 12, 2005): 162.

The author notes at a number of points the potential role of spiritual needs and beliefs in decision-making.

Wenger, N. S. and Carmel, S. [UCLA Division of General Internal Medicine and Health Services Research, 911 Broxton Plaza, Suite #309, Los Angeles, CA 90095-1736; nwenger@mednet.ucla.edu]. "**Physicians' religiosity and end-of-life care attitudes and behaviors**." *Mount Sinai Journal of Medicine* 71, no. 5 (Oct 2004): 335-343.

[Abstract:] BACKGROUND: Physicians play the central role in decisions to initiate, withhold and withdraw life-sustaining medical care. Prior studies show that physicians= religiosity is related to end-of-life care attitudes and practices, which if not in concert with the patient or family may be a source of conflict. We surveyed physicians of one religion to describe the relationship between religiosity and end-of-life care. METHODS: Cross-sectional survey of 443 Jewish physicians at four Israeli hospitals, which characterized religiosity and asked about attitudes and communication with patients about end-of-life issues and care practices. RESULTS: Very religious physicians, compared to moderately religious and secular physicians, were much less likely to believe that life-sustaining treatment should be withdrawn (11% vs. 36% v. 51%, $p<0.001$), to approve of prescribing needed pain medication if it will hasten death (69% vs. 80% vs. 85%, $p<0.01$), or to agree with euthanasia (5% vs. 42% vs. 70%, $p<0.001$). Religiosity was not related to withholding most life-sustaining treatments, but even after adjustment for physician and practice characteristics, very religious physicians were much less likely to "ever stop life-sustaining treatment provided to a suffering terminally ill patient" ($p<0.0003$). Religiosity was unrelated to physician-patient communication or to desire for support concerning end-of-life care. Desire for support was universally high. CONCLUSIONS: Physicians' religiosity can have a major effect on the way their patients die, including whether patients receive adequate analgesia near death. Patients may need to query physicians' religious perspectives to ensure that they are consistent with patients' end-of-life care preferences. Evaluation of religiosity-related clinical behavior in other cultures is needed.

Wenzel, L., Berkowitz, R. S., Habbal, R., Newlands, E., Hancock, B., Goldstein, D. P., Seckl, M., Bernstein, M., Strickland, S. and Higgins, J. [University of California, Irvine, College of Medicine, Health Policy and Research, 100 Theory Drive, Suite 110, Irvine, CA 92697-5800; lwenzel@uci.edu]. "**Predictors of quality of life among long-term survivors of gestational trophoblastic disease**." *Journal of Reproductive Medicine* 49, no. 8 (Aug 2004): 589-594.

[Abstract:] OBJECTIVE: To identify predictors of quality of life (QOL) among women diagnosed with gestational trophoblastic tumor (GTT) 5-10 years earlier. STUDY DESIGN: Utilizing a cross-sectional, descriptive design, 111 survivors completed a comprehensive QOL interview. RESULTS: Univariate analyses revealed that numerous psychosocial variables correlated highly with overall QOL. However, multivariate analysis indicated that the significant predictors of long-term QOL were cancer-specific distress, social support, spiritual well-being, reproductive concerns, gynecologic pain and sexual functioning. These 6 variables accounted for 77% of the variance in the overall QOL score. Post hoc analyses demonstrated that each of the predictors had unique effects on the QOL score. CONCLUSION: The variables identified in this model can guide future research and clinical care to reduce short- and long-term burdens associated with GTT.

Wesley, C., Tunney, K. and Duncan, E. [Department of Social Work, Southern Illinois University, Edwardsville, IL]. "**Educational needs of hospice social workers: spiritual assessment and interventions with diverse populations**." *American Journal of Hospice & Palliative* Care 21, no. 1 (Jan-Feb 2004): 40-46.

[Abstract:] Based on a national survey, this study analyzes the roles and educational needs of hospice social workers regarding assessment and intervention in spirituality, religion, and diversity of their patients. Sixty-two social workers responded to the survey. Results suggest that spiritual care is shared among hospice team members and that most social workers feel comfortable in addressing these issues. However, role conflict and role ambiguity also exist. Respondents to the survey often felt ill-prepared to deal with some complex faith-based conflicts related to diversity. They saw themselves in need of assessment models and end-of-life decision-making interventions regarding assisted suicide and euthanasia. This study provides recommendations for social work practice, education, and research.

Westman, A, S. and Alexander, N. A. [Dept. of Psychology, Eastern Michigan University, Ypsilanti, MI; alida.westman@emich.edu]. "**Epistemological exploration: generalization of learning styles and analytical skills between academic and religious materials**." *Psychological Reports* 94, no. 3, pt. 1 (Jun 2004): 1083-1088.

[Abstract:] Among 139 students (mean age 21.8, SD=3.5), use of Schmeck's Deep Processing learning style (looking for conceptual understanding) on academic materials correlated modestly with its use on religious materials. The same was true for Elaborative Processing (looking for associations and applications). Both Deep and Elaborative Processing of academic materials correlated with better Analytical Skills. Only Elaborative Processing of religious materials correlated with Religiousness. Religiousness correlated with poorer Analytical Skills on academic materials and with a more Concrete Divine Concept; however, specific religious affiliation made a difference. Our understanding of the role of contents of materials and characteristics of learners on the types of learning strategies used and competence with cognitive skills is still very limited.

White, D. B. and Luce, J. M. [Division of Pulmonary and Critical Care Medicine and Program in Medical Ethics, University of California, San Francisco, CA 94143-0903; dwhite@medicine.ucsf.edu]. "**Palliative care in the intensive care unit: barriers, advances, and unmet needs**." *Critical Care Clinics* 20, no. 3 (Jul 2004): 329-3243, vii. [Review; 96 refs.]

The authors note spirituality a various points, including "spiritual support for patients and families" as a quality indicator of end-of-life care.

Williams, B. R. [UAB Center for Aging, Div. of Gerontology & Geriatric Medicine, Birmingham, AL; bwilliams@aging.uab.edu]. "**Dying young, dying poor: a sociological examination of existential suffering among low-socioeconomic status patients**." *Journal of Palliative Medicine* 7, no. 1 (Feb 2004): 27-37.

[Abstract:] Palliating the whole person requires that medicine attend more fully to the phenomenon of existential suffering. The role of social factors, in particular, is often overlooked in attempts to understand why end-of-life suffering does not always respond to physiologic, psychological, and spiritual interventions. Using qualitative data from in-depth interviews with 33 low socioeconomic status (SES) terminally ill patients with cancer, I examine how a sociological framework can provide insights on existential suffering at the end of life. Specifically, I discuss how dying "off time" in the life course, being exposed to the illness trajectories of others, and experiencing social isolation and social death contribute to existential suffering among the terminally ill.

Williams, M. L., Wright, M., Cobb, M. and Shiels, C. [Department of Primary Care, University of Liverpool, Liverpool, UK; mlw@liv.ac.uk]. "**A prospective study of the roles, responsibilities and stresses of chaplains working within a hospice**." *Palliative Medicine* 18, no. 7 (Oct 2004): 638-645.

[Abstract:] Spiritual care is an integral part of palliative care and if asked, most members of a palliative care team would state they address spiritual issues. The majority of hospices have support from a chaplain. This study was to determine the roles of chaplains within hospices and to look at their levels of stress. A questionnaire containing both open and closed questions was sent to chaplains working within hospices in the UK. The questionnaire enquired about number of sessions, specific roles of chaplain, whether they were members of the multidisciplinary team and their sources of internal support. Stress was measured on a 10-point Likert scale and the GHQ12. One hundred and fifteen questionnaires were returned, with a 72% response rate. The majority (62%) defined their denomination as Church of England and Free Church (24%); 71% of respondents had parish commitments in addition to their hospice role. Roles were predominantly defined as spiritual care of patients and staff (95%) and bereavement support of relatives (76%) and 75% regularly attended the multidisciplinary meetings. Senior medical and nursing staff and other chaplains were perceived as providing most support. Median Likert score for stressfulness was 5, and 23% scored at or above the threshold on the GHQ12 for identifiable psychological morbidity. Clear role definition was associated with less perceived stress whereas the provision of bereavement support was associated with statistically significant increased perceived stress. The role of a chaplain within a hospice is varied and this study suggests that the provision of training and formal support is to be recommended.

Winn, P. A. and Dentino, A. N. [Geriatrics Program, Residency Division, Department of Family Medicine, University of Oklahoma Health Science Center, Oklahoma City, OK]. "**Effective pain management in the long-term care setting**." *Journal of the American Medical Directors Association* 5, no. 5 (Sep-Oct 2004): 342-352. [Review; 47 refs.]

The authors endorse a holistic approach to the physical, emotional, social, and spiritual components of pain.

Winn, P. A. and Dentino, A. N. [Geriatrics Program, Residency Division, Department of Family Medicine, University of Oklahoma Health Science Center, 900 Northeast 10th Street, Oklahoma City, OK 73104; peter-winn@ouhsc.edu]. "**Quality palliative care in long-term care settings**." *Journal of the American Medical Directors Association* 5, no. 3 (May-Jun 2004): 197-206.
[Abstract:] It is paramount that physicians and midlevel practitioners who care for residents in long-term care facilities be able to provide high-quality comfort care to their patients, the majority of whom are frail and suffering from chronic and progressive diseases. Physicians must be knowledgeable in the assessment, prevention, and relief of patients' physical, emotional, and spiritual distress, as well as develop appropriate attitudes, knowledge, and skills to care for patients who are in the last years of life. The provision of high-quality palliative care is the essence of long-term care medicine.

Witvliet, C. V., Phipps, K. A., Feldman, M. E. and Beckham, J. C. [Psychology Department, Hope College, Holland, MI 49422-9000; witvliet@hope.edu]. "**Posttraumatic mental and physical health correlates of forgiveness and religious coping in military veterans**." *Journal of Traumatic Stress* 17, no. 3 (Jun 2004): 269-273.
[Abstract:] This study assessed mental and physical health correlates of dispositional forgiveness and religious coping responses in 213 help-seeking veterans diagnosed with PTSD. Controlling for age, socioeconomic status, ethnicity, combat exposure, and hostility, the results indicated that difficulty forgiving oneself and negative religious coping were related to depression, anxiety, and PTSD symptom severity. Difficulty forgiving others was associated with depression and PTSD symptom severity, but not anxiety. Positive religious coping was associated with PTSD symptom severity in this sample. Further investigations that delineate the relevance of forgiveness and religious coping in PTSD may enhance current clinical assessment and treatment approaches.

Wolf, E. J. "**Spiritual leadership: a new model**." *Healthcare Executive* 19, no. 2 (Mar-Apr 2004): 22-25.
[Abstract:] Recent unethical business practices of some corporations and the overall loss of confidence by the public in corporate leadership have given rise to a unique leadership model--one that focuses on spirituality. "Ninety percent of our diverse American population and health-care workforce have spiritual and religious beliefs. While these beliefs may be mystical, religious, or secular, there are many common patterns that influence change and leadership within our organizations." So says Gary Strack, CHE, president and chief executive officer of Boca Raton (FL) Community Hospital. Strack presented a seminar on the topic at ACHE's 2003 Congress on Healthcare Management.

Wuerfel, J., Krishnamoorthy, E. S., Brown, R. J., Lemieux, L., Koepp, M., Tebartz van Elst, L. and Trimble, M. R. [Raymond Way Neuropsychiatry Research Group, University Department of Clinical Neurology, Institute of Neurology, Queen Square, London, UK]. "**Religiosity is associated with hippocampal but not amygdala volumes in patients with refractory epilepsy**." *Journal of Neurology, Neurosurgery & Psychiatry* 75, no. 4 (Apr 2004): 640-642.
[Abstract:] OBJECTIVE: To assess the relationship between the behavioural triad of hyper-religiosity, hypergraphia and hyposexuality in epilepsy, and volumes of the mesial temporal structures. METHOD: Magnetic resonance images were obtained from 33 patients with refractory epilepsy and mesial temporal structure volumes assessed. Amygdala and hippocampal volumes were then compared in high and low scorers on the religiosity, writing, and sexuality sub-scales of the Neurobehavioural Inventory. RESULTS: Patients with high ratings on the religiosity scale had significantly smaller right hippocampi. Religiosity scores rated by both patient and carer showed a significant negative correlation with right hippocampal volumes in this group. There were no other differences in amygdala or hippocampal volumes between these groups, or between high and low scorers on the writing and sexuality sub-scales. CONCLUSIONS: These findings suggest that right hippocampal volumes are negatively correlated with religiosity in patients with refractory epilepsy.

Yang, R. C., Mills, P. K. and Riordan, D. G. [Public Health Institute, Fresno, CA; rcyang@sbcglobal.net]. "**Cervical cancer among Hmong women in California, 1988 to 2000**." *American Journal of Preventive Medicine* 27, no. 2 (Aug 2004): 132-138.
[From the abstract:] The Hmong immigrated to the United States from Laos after the Vietnam conflict ended. Hmong encounter numerous readjustment issues, including health care. Traditional Hmong health beliefs and practices encompass more spiritual than biological etiologies. Hmong usually seek the first course of treatment from traditional healers, as they had in Laos. This practice delays early diagnosis and treatment of disease because biomedicine is used only as a last resort. This study examined cervical cancer incidence, mortality, and other tumor characteristics in the Hmong female population of California between 1988 and 2000. …RESULTS: Hmong women experienced incidence and mortality rates three and four times higher than Asian/Pacific Islander and non-Hispanic white women, respectively. Fifty-one percent of Hmong women chose no treatment, compared to 5.8% for Asian/Pacific Islander women and 4.8% for non-Hispanic white women. Hmong women aged >/= 40 years carried an unequal burden of cervical cancer. They were more likely to be diagnosed with cervical cancer at later stages and poorer histologic grades, and had a lower survival rate than younger Hmong females….