

# Spirituality & Health: A Select Bibliography of *Medline*-Indexed Articles Published in 2006

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5/26/07

The following is a selection of 407 *Medline*-indexed journal articles pertaining to spirituality & health published during 2006, from among the more than 1,400 articles categorized under the subject headings of "Religion and Medicine," "Religion and Psychology," "Religion," "Spirituality," and "Pastoral Care" (and includes a small number of articles from *Medline's In-Process* database not yet listed on the general *Medline* database at the time of this bibliography's completion). The sample here indicates the great scope of the literature, but note that since *Medline* is itself a selective index of journals, an even broader range of material may be found through other health science indices/databases—e.g., *CINAHL/Nursing* or *PsycINFO*.

Ahmed, Q. A., Memish, Z. A., Allegranzi, B. and Pittet, D., for the WHO Global Patient Safety Challenge [Division of Pulmonary and Critical Care Medicine, Allergy and Clinical Immunology, Medical University of South Carolina, Charleston, SC]. **"Muslim health-care workers and alcohol-based handrubs."** *Lancet* 367, no. 9515 (Mar 25, 2006): 1025-1027.

The authors explore the cultural dynamics and the practical possibility of health care workers' disinclination to use alcohol-based handrubs, in light of Islamic tradition regarding alcohol.

Ai, A. L., Hopp, F. and Shearer, M. [School of Social Work, University, of Washington, Seattle; amyai@u.washington.edu]. **"Getting affairs in order: influences of social support and religious coping on end-of-life planning among open-heart surgery patients."** *Journal of Social Work In End-Of-Life & Palliative Care* 2, no. 1 (2006): 71-94.

[From the abstract:] ...This prospective study [explored end-of-life planning (ELOP)] among 309 middle-aged and older open-heart surgery patients, using survey data from three sequential interviews. A hierarchical logistic regression model shows that older age, higher education, greater social support, and negative religious coping were positively related to the likelihood of engaging in EOLP....

Ai, A. L., Peterson, C., Bolling, S. F. and Rodgers, W. [University of Washington Health Sciences, Seattle, WA 98105-6299; ala1@u.washington.edu]. **"Depression, faith-based coping, and short-term postoperative global functioning in adult and older patients undergoing cardiac surgery."** *Journal of Psychosomatic Research* 60, no. 1 (Jan 2006): 21-28.

[Abstract:] OBJECTIVES: This prospective study examined how preoperative depression and faith-based coping, assessed preoperatively and postoperatively, affected short-term postoperative global functioning (SPGF) following a major cardiac surgery. METHODS: We recruited 481 patients (male, 58%; mean age=62 years, range=35-89) 2 weeks before surgery for three sequential psychosocial interviews using standardized instruments. Of them, 426 completed the second interview, and 335 completed the postoperative follow-up. RESULTS: Multiple regression analyses showed that depression predicted poor SPGF, controlling for age, preoperative illness impact, and two noncardiac chronic conditions. Preoperative positive religious coping contributed to better SPGF, controlling for preoperative depression and other confounders. However, postoperatively assessed prayer coping was associated with poor SPGF. CONCLUSION: Research should distinguish the longitudinal protection of generally adaptive faith-based coping styles from the increased usage of such coping for immediate distress, mobilized by crisis.

Ai, A. L., Peterson, C., Tice, T. N., Rodgers, W., Seymour, E. M. and Bolling, S. F. [University of Washington, Seattle WA 98105-6299; ala1@u.washington.edu]. **"Differential effects of faith-based coping on physical and mental fatigue in middle-aged and older cardiac patients."** *International Journal of Psychiatry in Medicine* 36, no. 3 (2006): 351-365.

[Abstract:] PURPOSE: This analysis investigated the effect of faith-based coping used by cardiac patients undergoing surgery on physical and mental fatigue, symptoms which have significant prognostic implications for mortality. Particularly, we explored whether this faith effect is independent or explained by positive mediators. METHODS: Two weeks preoperatively, 481 patients (male, 58%; mean age = 62 years) were recruited for three sequential interviews. Among them, 426 completed the second interview, and 335 completed the post-operative follow-up. Cross-clamp and bypass time were obtained from patients' charts. Plasma interleukin-6 (IL-6) was used as a correlate of age-associated diseases and frailty. RESULTS: Hierarchical multiple regression analyses showed that pre-operative positive religious coping styles and optimism contributed to reduced physical fatigue, controlling for post-operatively confirmed prayer coping and such covariates as severe injury. Depression and lower-back problems contributed to mental fatigue. No potential mediators explained these effects. CONCLUSION: Faith-based coping and optimism are independent predictors of physical fatigue.

Al-Arabi, S. [University of Texas Medical Branch, School of Nursing, Galveston, TX]. **"Quality of life: subjective descriptions of challenges to patients with end stage renal disease."** *Nephrology Nursing Journal: Journal of the American Nephrology Nurses' Association* 33, no. 3 (May-Jun 2006): 285-292.

This qualitative study of 80 patients with end stage renal disease (ESRD) from an outpatient hemodialysis center found [from the abstract:] ...The three emergent conceptual categories that describe the quality of everyday life among the study group were: 1) Life Restricted with sub-themes "tied down," "left out," and "doing without;" 2) Staying Alive with sub-themes "love from others," "accept it as part of life," and "trust in God;" and 3) Feeling Good with sub-themes "personal satisfaction" and "being happy."...

Alfano, C. M., McGregor, B. A., Kuniyuki, A., Reeve, B. B., Bowen, D. J., Wilder Smith, A., Baumgartner, K. B., Bernstein, L., Ballard-Barbash, R., Malone, K. E., Ganz, P. A. and McTiernan, A. [Fred Hutchinson Cancer Research Center, Seattle, WA

98109]. **“Psychometric evaluation of the Brief Cancer Impact Assessment among breast cancer survivors.”** *Oncology* 70, no. 3 (2006): 190-202.

[From the abstract:] ... This study evaluated the psychometric properties of the 16-item Brief Cancer Impact Assessment (BCIA). METHODS: Factor analysis with Promax oblique rotation established the factor structure of the BCIA in 783 ethnically diverse breast cancer survivors, >or=2 years after diagnosis. Construct validity was assessed by comparing factor-based scale means by demographic and treatment characteristics, and correlating scales with psychosocial and health-related QOL scales. RESULTS: Factor analysis revealed four factors measuring the IOC on caregiving and finances, exercise and diet behaviors, social and emotional functioning, and religiosity. Scale scores differed by demographic and treatment characteristics according to expectations, and the pattern of correlations with psychosocial and health-related QOL generally supported the construct validity of the scales. CONCLUSION: Including the BCIA with measures of QOL, symptoms, and functioning will allow researchers to gain a more comprehensive assessment of the biopsychosocial IOC in survivors.

Anderson, H. [handerson@plts.edu]. **“Living until we die: reflections on the dying person's spiritual agenda.”** *Anesthesiology Clinics* 24, no. 1 (Mar 2006): 213-225.

[Abstract:] The spiritual agenda for the dying presumes a willingness to face the reality of imminent death. It also depends on support from caregivers who will encourage whatever agency is possible for the one who is dying. The spiritual practices that will enhance agency for the dying include remembering, thanking, relinquishing, waiting, and trusting. The absence of abandonment and the dependable presence of caregivers are essential to create communities and relationships in which hope can be found and sustained.

Andrykowski, M. A., Beacham, A. O., Schmidt, J. E. and Harper, F. W. [Department of Behavioral Science, University of Kentucky College of Medicine, 133 College of Medicine Office Building, Lexington, KY 40536-0086; mandry@uky.edu]. **“Application of the theory of planned behavior to understand intentions to engage in physical and psychosocial health behaviors after cancer diagnosis.”** *Psycho-Oncology* 15, no. 9 (Sep 2006): 759-771.

In light of the Theory of Planned Behavior (TPB), this study analyzed internet questionnaires from 130 adults who were two or more years post-cancer diagnosis. Among the findings were that “more positive behavior attitudes were associated with stronger intentions to engage in physical exercise ( $\beta=0.54$ ;  $p<0.001$ ), eat a healthy diet ( $\beta=0.45$ ;  $p<0.001$ ), reflect on life priorities ( $\beta=0.60$ ;  $p<0.05$ ), spend quality time with family and friends ( $\beta=0.59$ ;  $p<0.01$ ) and engage in spiritual and religious activities ( $\beta=0.31$ ;  $p<0.05$ )” and ... “stronger perceptions of behavioral control were associated with stronger intentions to engage in physical exercise ( $\beta=0.19$ ;  $p<0.05$ ) and charitable and volunteer activities ( $\beta=0.32$ ;  $p<0.01$ ), and spend time in spiritual and religious activities ( $\beta=0.46$ ;  $p<0.01$ )” [p. 766].

Ark, P. D., Hull, P. C., Husaini, B. A. and Craun, C. [University of Central Florida, School of Nursing, Orlando 32816-2210]. **“Religiosity, religious coping styles, and health service use: racial differences among elderly women.”** *Journal of Gerontological Nursing* 32, no. 8 (Aug 2006): 20-29. Quiz on pp. 30-31.

[Abstract:] This study explored racial differences in the effects of religiosity and religious coping styles on health service use. The sample (N = 274) consisted of a cross-section of women ages 55 and older living in publicly subsidized high-rise dwellings in Nashville, Tennessee (1999 to 2000) and included 159 White and 115 African American women. The results suggested the effects of religiosity on health service use are generally negative for both groups. However, the effects of religious coping styles on health service use differed by race. The self-directing coping style was associated with higher levels of use for White women, but with lower levels of use for African American women. The deferring coping style was associated with greater physician visits and inpatient days among White women, but with fewer inpatient days among African American women. The collaborative coping style was associated with higher inpatient days among African American women, but had no significant effect on use patterns for White women. Conducting assessments of religiosity and religious coping styles would enhance holistic nursing practice.

Arnoldo, B. D., Hunt, J. L., Burris, A., Wilkerson, L. and Purdue, G. F. [Department of Surgery, UT Southwestern Medical Center, 5323 Harry Hines Boulevard, Dallas, TX 75390-9158]. **“Adult burn patients: the role of religion in recovery--should we be doing more?”** *Journal of Burn Care & Research* 27, no. 6 (Nov-Dec 2006): 923-924.

In light of research, the authors encourage greater attention to the role of religion in the treatment of burn patients.

Around, D. E. [Harvard School of Public Health, Division of Public Health Practice, Boston, MA 02120; darond@hsph.harvard.edu]. **“Eye on religion: Buddhism and medicine.”** *Southern Medical Journal* 99, no. 12 (Dec 2006): 1450-1451.

This is part of the Eye on Religion series --a regular feature of the journal's special sections on Spirituality & Medicine.

Ashing-Giwa, K. T., Padilla, G. V., Bohorquez, D. E., Tejero, J. S. and Garcia, M. [Center of Community Alliance for Research and Education (CARE), Division of Population Sciences, City of Hope Cancer Center, CA 91010-3000; kashing@coh.org]. **“Understanding the breast cancer experience of Latina women.”** *Journal of Psychosocial Oncology* 24, no. 3 (2006): 19-52.

Among the findings of this qualitative study of breast cancer survivors [from the abstract:] ...Latina survivors were optimistic about their health, utilized cultural and religious recovery practices; and seemed to accept their diagnosis, fears and suffering as part of their personal journey. The survivors' narrative identified spirituality as central to their recovery and coping....

Athappilly, G. K., Greyson, B. and Stevenson, I. [Department of Psychiatry, University of Illinois-Chicago]. **“Do prevailing societal models influence reports of near-death experiences? A comparison of accounts reported before and after 1975.”** *Journal of Nervous and Mental Disease* 194, no. 3 (March 2006): 218-222.

This study investigates the theory that transcendental near-death experiences are influenced by societal beliefs by comparing accounts from before (n=24) and after (n=24) the 1975 publication of Raymond A. Moody's book, *Life After Life--The Investigation of a Phenomenon: Survival of Bodily Death*, which established the prevailing Western model of near-death experiences. Looking at the 15 phenomenological features Moody defined as characteristic of near-death experiences [from the abstract:] accounts collected after 1975 differed from those collected earlier only in increased frequency of tunnel phenomena, which other research has suggested may not be integral to the experience, and not in any of the remaining 14 features.... These data challenge the hypothesis that near-death experience accounts are substantially influenced by prevailing cultural models. [This study has been reviewed on the website of the Research Network of the Association for Clinical Pastoral Education at [www.ACPEresearch.net](http://www.ACPEresearch.net) --see the site's May 2006 Article-of-the-Month page.]

- Baergen, R. [Department of Philosophy, Idaho State University, Pocatello]. **“How hopeful is too hopeful? Responding to unreasonably optimistic parents.”** *Pediatric Nursing* 32, no. 5 (Sep-Oct 2006): 482, 485-486.  
 [From the abstract:] Some parents are unreasonably hopeful, insisting on aggressive therapy for their children even when such treatment would cause additional suffering with little or no chance of success. The various sources of and influences upon such hopes are examined, and suggestions are offered about how to help these parents see the situation more realistically. This discussion covers such issues as religious beliefs [--see p. 485], confusions about causation and responsibility, concern about how others see us, and the simple tragedy of children who die....
- Baetz, M., Bowen, R., Jones, G. and Koru-Sengul, T. [Department of Psychiatry, University of Saskatchewan, Saskatoon, Canada; m.baetz@usask.ca]. **“How spiritual values and worship attendance relate to psychiatric disorders in the Canadian population.”** *Canadian Journal of Psychiatry - Revue Canadienne de Psychiatrie* 51, no. 10 (Sep 2006): 654-661.  
 [From the abstract:] ...In 2002, the Canadian Community Health Survey obtained data from about 37,000 individuals aged 15 years or older. While controlling for demographic characteristics, we determined odds ratios for lifetime, 1-year, and past psychiatric disorders, with worship frequency and spiritual values as predictors. RESULTS: Higher worship frequency was associated with lower odds of psychiatric disorders. In contrast, those who considered higher spiritual values important (in a search for meaning, in giving strength, and in understanding life's difficulties) had higher odds of most psychiatric disorders. CONCLUSION: This study confirms an association between higher worship frequency and lower odds of depression and it expands that finding to other psychiatric disorders. The association between spiritual values and mood, anxiety, and addictive disorders is complex and may reflect the use of spirituality to reframe life difficulties, including mental disorders.
- Baldacchino, D. R. [Institute of Health Care, University of Malta, Malta; donia.baldacchino@um.edu.mt]. **“Nursing competencies for spiritual care.”** *Journal of Clinical Nursing* 15, no. 7 (Jul 2006): 885-896. [This article is part of a special theme issue on spirituality & nursing.]  
 This study out of Malta is of interest in its general findings [from the abstract:] The four main nursing competencies identified were associated with the role of the nurse as a professional and as an individual person; delivery of spiritual care by the nursing process; nurses' communication with patients, inter-disciplinary team and clinical/educational organizations and safeguarding ethical issues in care. CONCLUSION: This study demonstrated the complexity of spiritual care, which requires nurses to increase their awareness of the uniqueness of each individual patient with regard to the connection between mind, body and spirit; the assessment of the spiritual status of patients during illness and the implementation of holistic care as recommended by the Nursing Code of Ethics....
- Banks, J. W. [Headache Care Center, Neurological Institute of Southwest Virginia, Roanoke, 24014; jbanks.headachecare@cox.net]. **“The importance of incorporating faith and spirituality issues in the care of patients with chronic daily headache.”** *Current Pain & Headache Reports* 10, no. 1 (Feb 2006): 41-46.  
 [Abstract:] Patients with chronic daily headache are difficult and often frustrating to treat. They are in many ways similar to chronic pain patients and patients with other chronic serious illnesses that have come to alter many aspects of their life, affecting their physical and emotional well-being, their ability to work, and their family and social relationships. The best treatment strategies for patients with chronic disease combine pharmacologic and behavioral strategies with the behavioral strategies incorporating body, mind, spirit, and social interactions. Numerous studies have demonstrated a positive association between being religious or spiritual and improved health, both in response to acute events and in chronic disease. Because religion is so positively associated with improved outcomes, it is important for physicians to recognize this aspect of a patient's life and try to encourage positive use of the patient's belief system as an adjunct in treatment.
- Barlow, B. G. **“Religious views vary on organ donation.”** *Nephrology News & Issues* 20, no. 2 (Feb 2006): 37-39.  
 This is a relatively brief yet featured “cover story” article on the subject. [See also articles by Straveler and Mattison, elsewhere in this bibliography.]
- Barnett, K. G. and Fortin, A. H. 6th. [Yale University School of Medicine, New Haven, CT]. **“Spirituality and medicine. A workshop for medical students and residents.”** *Journal of General Internal Medicine* 21, no. 5 (May 2006): 481-485.  
 [Abstract:] INTRODUCTION: Governing bodies for medical education recommend that spirituality and medicine be incorporated into training. AIM: To pilot a workshop on spirituality and medicine on a convenience sample of preclinical medical students and internal medicine residents and determine whether content was relevant to learners at different levels, whether preliminary evaluation was promising, and to generate hypotheses for future research. SETTING: Private medical school and university primary care internal medicine residency program, both in the Northeast. CURRICULUM DESCRIPTION: The authors designed and implemented a required 2-hour workshop for all second-year medical students and a separate required 1.5-hour workshop for all primary care internal medicine house staff. The workshops used multiple educational strategies including lecture, discussion, and role-play to address educational objectives. PROGRAM EVALUATION: Learners completed optional, anonymous pre and postworkshop surveys with six 5-point Likert-rated statements and space to cite the most useful part of the curriculum and their remaining questions. One hundred and thirty-seven learners participated and 100 completed both surveys. Medical students and residents had increased (all  $P < .002$ ): agreement regarding the appropriateness of inquiring about spiritual and religious beliefs in the medical encounter, their perceived competence in taking a spiritual history, and their perceived knowledge of available pastoral care resources. Medical students, but not residents, had an increase in their perceived comfort in working with hospital chaplains. DISCUSSION: A brief pilot workshop on spirituality and medicine had a modest effect in improving attitudes and perceived competence of both medical students and residents.
- Bay, P., Ivy, S. S. [Clarian Health Partners, Indianapolis, IN]. **“Chaplaincy research: a case study.”** *The Journal of Pastoral Care & Counseling: JPCC* 60, no. 4 (2006): 343-352.  
 The authors offer a practical, step-by-step guide for chaplains seeking to undertake a formal research project and illustrate the process with the example of a study by Bay.
- Belzen, J. A. and Hood, R. W. [University of Amsterdam, The Netherlands]. **“Methodological issues in the psychology of religion: toward another paradigm?”** *Journal of Psychology* 140, no. 1 (Jan 2006): 5-28.  
 [Abstract:] Recent evaluations have identified the psychology of religion as a field in crisis and have called for a new multilevel interdisciplinary paradigm. However, a critical meta-perspective on methods reveals a broad range of methodologies, each appropriate for

particular levels of complexity in the psychology of religion. No single methodology is appropriate for every level, nor can higher levels of complexity be explained by data from lower levels. The authors identify the different types of research practiced in the psychology of religion and critically discuss philosophical presuppositions involved in two major methodological traditions, the empiricist-analytical and the hermeneutical, often identified as quantitative and qualitative traditions, respectively. [92 references.]

Ben-Arye, E., Bar-Sela, G., Frenkel, M., Kuten, A. and Hermoni, D. [The Complementary and Traditional Medicine Unit, Department of Family Medicine, Faculty of Medicine, Technion-Israel Institute of Technology, Haifa, Israel; eranben@netvision.net.il]. “**Is a biopsychosocial-spiritual approach relevant to cancer treatment? A study of patients and oncology staff members on issues of complementary medicine and spirituality.**” *Supportive Care in Cancer* 14, no. 2 (Feb 2006): 147-152.

[From the abstract:] Our aim is to compare the attitudes of cancer patients who use CAM to those of nonusers, on issues of CAM, biopsychosocial considerations, and spiritual needs. METHODS: Questionnaires were administered to patients and medical care providers in a tertiary teaching hospital with a comprehensive cancer center. RESULTS: Forty-nine percent of the study patients reported integrating CAM into their conventional care. Health care providers considered psychological and spiritual needs as major reasons for CAM use, while patients considered the familial-social aspect to be more important. CONCLUSIONS: Cancer patients do not correlate CAM use with spiritual concerns but expect their physicians to attend to spiritual themes. Health care providers involved in oncology cancer care should emphasize spiritual as well as CAM themes. The integration of these themes into a biopsychosocial-spiritual approach may enrich the dialogue between patients and health providers.

Benjamins, M. R. [Sinai Urban Health Institute, Mt. Sinai Hospital, Chicago, IL 60608; benmau@sinai.org]. “**Does religion influence patient satisfaction?**” *American Journal of Health Behavior* 30, no. 1 (Jan-Feb 2006): 85-91.

[Abstract:] OBJECTIVES: To determine if patient satisfaction varies by level of individual religiosity. METHODS: Data from the Health and Retirement Study (HRS), a nationally representative sample of older adults in the United States, were used to assess the relationship between religious salience (importance) and patients' satisfaction with their health care encounters. RESULTS: Higher levels of religious salience are significantly related to being very satisfied with one's health care, even after demographic, social, and health variables are taken into account. CONCLUSIONS: Researchers, practitioners, and administrators should be aware that religion may significantly influence how patients rate their health care experiences.

Benjamins, M. R. [Urban Health Institute, Mt. Sinai Hospital, 1500 South California Avenue, Room K 438, Chicago, IL 60608-1797; benmau@sinai.org]. “**Religious influences on preventive health care use in a nationally representative sample of middle-age women.**” *Journal of Behavioral Medicine* 29, no. 1 (Feb 2006): 1-16.

[From the abstract:] ...Social factors, such as religion, can figure prominently in these discrepancies by either creating barriers or facilitating use. Using data from the Health and Retirement Survey (HRS, 1992-1996), the current study examines the relationship between religious attendance, religious salience, and denomination and three types of female preventive services in a sample of middle-age women (N = 4253). Findings indicate that women who attend religious services more frequently use more mammograms, Pap smears, and self-breast exams. In addition, women belonging to Mainline Protestant or Jewish denominations use certain preventive services more than Evangelical Protestants. Finally, women with higher levels of religious salience are more likely to conduct self-breast exams....

Benjamins, M. R. [Sinai Urban Health Institute, Mt. Sinai Hospital, Chicago, IL 60608; benmau@sinai.org]. “**Religious influences on trust in physicians and the health care system.**” *International Journal of Psychiatry in Medicine* 36, no. 1 (2006): 69-83.

[Abstract:] OBJECTIVE: Aspects of the patient-physician relationship, such as trust, influence a variety of health behaviors, including adherence to treatment regimens and the use of preventive health services. While several demographic and socioeconomic factors have been found to predict levels of trust in physicians, little is known about the influence of religious beliefs and behaviors. METHODS: The relationship between religion and medical trust was investigated within a nationally representative sample of adults in the United States (n = 1,274). More specifically, multivariate models were used to analyze the associations between religious affiliation, attendance, and strength of affiliation and three types of trust: personal trust in one's physician, general confidence in physicians, and trust in the health care system. RESULTS: Findings reveal that religiously active individuals have higher levels of trust in physicians. For example, individuals who attend religious services frequently (42% of the sample) are significantly more likely to trust their own physician (p < .05) and have higher levels of confidence in physicians in general (p < .01), compared to individuals who never attend. In addition, levels of trust vary by religious denomination with Mainline Protestants, Catholics, and Jews reporting more trust than Evangelical Protestants. For example, Mainline Protestants have more personal trust in their physicians (p < .01), general confidence in physicians (p < .05), and trust in the health care system (p < .05), compared to Evangelical Protestants. CONCLUSIONS: This study is the first to examine religious differences in medical trust. The findings add to the current knowledge on factors associated with trust in health care providers and may help to explain religious differences in the use of preventive services and other health behaviors.

Bingham, V. and Habermann, B. [University of Alabama at Birmingham, AL; vbingham@deltastate.edu]. “**The influence of spirituality on family management of Parkinson's disease.**” *Journal of Neuroscience Nursing* 38, no. 6 (Dec 2006): 422-427.

[From the abstract:] ...A content-analysis approach was used to interpret and analyze individual and family interviews from 27 families. Participants primarily were Caucasian dyads representing different geographic areas and socioeconomic statuses. Findings revealed that the ways persons with PD and their families managed the chronic illness were influenced by belief and faith, purpose and meaning, prayer, the support of family and friends, and hope....

Black, G., Davis, B. A., Heathcote, K., Mitchell, N. and Sanderson, C. [Congestive Heart Failure and Anticoagulation Clinic, Marion General Hospital, Marion, IN; gladysblack56@cs.com]. “**The relationship between spirituality and compliance in patients with heart failure.**” *Progress in Cardiovascular Nursing* 21, no. 3 (2006): 128-133.

[Abstract:] A high incidence of noncompliance to prescribed treatment plans results in increased morbidity, hospitalizations, and mortality rates in patients with heart failure. Exploration of new avenues to encourage adherence is needed in nursing research. The purpose of this study was to explore whether a relationship existed between spirituality and compliance in patients with heart failure. The Spiritual Assessment Scale and the Heart Failure Compliance Questionnaire Revised were mailed to a convenience sample with a return response from 95 participants. Although mean scores for the Spiritual Assessment Scale and the Heart Failure Compliance Questionnaire Revised were high, data suggested no correlation existed between levels of spirituality and degree of compliance among the heart failure participants, r=16393; p=0.115. Although

insignificant results were found between levels of spirituality and degree of compliance, the data did not rule out the importance of spirituality as a coping tool.

Blazer, D. G. [Dept. of Psychiatry & Behavioral Sciences, Duke University Medical Center, Durham, NC; blaze001@mc.duke.edu]. **"Spirituality, depression, and the elderly."** *Southern Medical Journal* 99, no. 10 (Oct 2006): 1178-1179.

This very brief overview is part of the journal's series of special sections on Spirituality & Medicine.

Blocker, D. E., Romocki, L. S., Thomas, K. B., Jones, B. L., Jackson, E. J., Reid, L. and Campbell, M. K. [Department of Human Sciences, North Carolina Central University, Durham, NC 27707]. **"Knowledge, beliefs and barriers associated with prostate cancer prevention and screening behaviors among African-American men."** *Journal of the National Medical Association* 98, no. 8 (Aug 2006): 1286-1295.

[From the abstract:] ...Four gender-specific focus groups were conducted with 29 men and women at two African-American churches in central North Carolina. Three primary themes emerged from the focus group discussions: culturally and gender-influenced beliefs and barriers about cancer prevention and screening; barriers related to the healthcare system; and religious influences, including the importance of spiritual beliefs and church support. These discussions revealed the importance of the black family, the positive influence of spouses/partners on promoting cancer screening and healthy behaviors, the roles of faith and church leadership, and beliefs about God's will for good health. These findings also revealed that there are still major barriers and challenges to cancer prevention among African Americans, including continued mistrust of the medical community and negative attitudes toward specific screening tests. Findings provide important insights to consider in implementing successful prostate cancer prevention interventions designed for church-based audiences.

Boehnlein, J. K. [Department of Psychiatry, Oregon Health and Science University, Portland OR; boehnlei@ohsu.edu]. **"Religion and spirituality in psychiatric care: looking back, looking ahead."** *Transcultural Psychiatry* 43, no. 4 (Dec 2006): 634-651.

[Abstract:] Cultural psychiatry has been an important contributor to the enhanced dialogue between psychiatry and religion in the past couple of decades. During this time, religion and spirituality have become more prominent in mainstream psychiatry in a number of areas of study and clinical care, including refugee and immigrant health, trauma and loss, psychotherapy, collaboration with clergy, bioethics, and psychiatric research. In looking towards the future, there is a great deal of promise for future enhancement of the study of religion and spirituality in psychiatric education, research, and clinical care.

Boltri, J. M., Davis-Smith, Y. M., Zayas, L. E., Shellenberger, S., Seale, J. P., Blalock, T. W. and Mbadinuju, A. [Department of Family Medicine, Mercer University School of Medicine, and Medical Center of Central Georgia, Family Health Center, 3780 Eisenhower Parkway, Macon, GA 31211; boltri.john@mccg.org]. **"Developing a church-based diabetes prevention program with African Americans: focus group findings."** *Diabetes Educator* 32, no. 6 (Nov-Dec 2006): 901-909.

[Abstract:] PURPOSE: The purpose of this study was to use a community-based participatory research (CBPR) approach to identify resources and barriers to implementing a church-based diabetes prevention program (DPP) in a rural African American church community in Georgia. METHODS: In collaboration with community leaders, researchers conducted 4 focus groups with 22 key informants to discuss their understanding of diabetes and identify key resources and barriers to implementing a DPP in the church. Three researchers analyzed and coded transcripts following a content-driven immersion-crystallization approach. RESULTS: The participants' comments on diabetes and prevention covered 5 research domains: illness perceptions, illness concerns, illness prevention, religion and coping, and program recommendations. Program success was deemed contingent on cultural sensitivities, a focus on high-risk persons, use of church resources, and addressing barriers. Barriers identified included individuals' lack of knowledge of risk and prevention programs, lack of interest, and attendance concerns. Solutions and resources for overcoming barriers were testimonials from persons with illness, using local media to advertise the program, involving the food committee of the church, ministering to the healthy and at risk, and acquiring a support buddy. CONCLUSIONS: A CBPR approach engaged church members as partners in developing a church-based DPP. Focus groups generated enthusiasm among church members and provided valuable insights regarding barriers and resources for program implementation. This methodology may prove useful in other church-based chronic disease prevention efforts with at-risk populations.

Bormann, J. E., Becker, S., Gershwin, M., Kelly, A., Pada, L., Smith, T. L. and Gifford, A. L. [VA San Diego Healthcare System, CA 92161; jill.bormann@va.gov]. **"Relationship of frequent mantram repetition to emotional and spiritual well-being in healthcare workers."** *Journal of Continuing Education in Nursing* 37, no. 5 (Sep-Oct 2006): 218-224.

[Abstract:] BACKGROUND: Healthcare workers report high levels of stress in the workplace. To determine how to reduce stress, the authors examined the effectiveness of frequently repeating a mantram (a word with spiritual meaning) on emotional and spiritual well-being. METHODS: A pretest-posttest design was used to measure stress, state/trait anxiety and anger, quality of life, and spiritual well-being in a convenience sample (N=42) of hospital workers completing a mantram intervention program. RESULTS: Significant improvements were found in stress ( $p < .001$ ), trait-anxiety ( $p = .002$ ), trait-anger ( $p = .02$ ), quality of life ( $p = .001$ ), and spiritual well-being ( $p = .003$ ). When examining the effects of mantram practice, trait-anxiety and religious and spiritual well-being were significant ( $p < .05$ ). CONCLUSION: Improvements in emotional and spiritual well-being may be mediated by frequent mantram repetition.

Bormann, J. E., Oman, D., Kempainen, J. K., Becker, S., Gershwin, M. and Kelly, A. [Research Nurse Scientist, Nursing and Patient Care Services, VA San Diego Healthcare System, CA; jill.bormann@va.gov]. **"Mantram repetition for stress management in veterans and employees: a critical incident study."** *Journal of Advanced Nursing* 53, no. 5 (Mar 2006): 502-512.

[Abstract:] AIM: This paper reports a study assessing the usefulness of a mantram repetition program. BACKGROUND: Complementary/alternative therapies are becoming commonplace, but more research is needed to assess their benefits. A 5-week program teaching a 'mind-body-spiritual' technique of silently repeating a mantram - a word or phrase with spiritual meaning - to manage stress was developed. A mantram was chosen by individuals, who were taught to repeat it silently throughout the day or night to interrupt unwanted thoughts and elicit the relaxation response. METHODS: Participants who attended a 5-week course were invited to participate in the study. Of those who consented, a randomly selected subset ( $n = 66$ ) was contacted approximately 3 months after the course for a telephone interview using the critical incident interviewing technique. Participants were asked whether the intervention was helpful or not, and if helpful, to identify situations where it was applied. Interviews were transcribed and incidents were identified and categorized to create a taxonomy of uses. The data were collected in 2001-2002. RESULTS: Participants included 30 veterans, mostly males (97%), and 36 hospital employees, mostly

females (86%). Mean age was 56 years (sd = 12.94). Fifty-five participants (83.3%) practiced the technique and reported 147 incidents where the program was helpful. Outcomes were organized into a taxonomy of incidents using four major categories that included managing: (a) emotions other than stress (51%); (b) stress (23.8%); (c) insomnia (12.9%); and (d) unwanted thoughts (12.3%). A group of raters reviewed the categories for inter-rater reliability. CONCLUSIONS: The majority of participants from two distinct samples reported that the mantram program was helpful in a variety of situations. The critical incident interviewing method was found to be practical, efficient, and thorough in collecting and analyzing data. Such qualitative methods contribute to understanding the benefits of mind-body complementary therapies.

Boston, P., Puchalski, C. M. and O'Donnell, J. F. **“American Association for Cancer Education membership perspectives of spirituality in cancer education.”** *Journal of Cancer Education* 21, no. 1 (2006): 8-12.

The article is part of the journal's Special Section on Spirituality in Cancer. The authors present a study of the current membership of the American Association for Cancer Education (AACE), exploring the following questions: 1) What does spirituality mean?, 2) What does the concept of “spiritual care” mean?, 3) Should spiritual care be/not be included in curriculum for oncology practitioners?, 4) Can you describe a recent experience of having provided spiritual care?, 5) Describe your experiences of teaching/education for spiritual care in oncology practice., 6) What resources are currently available in your organization for the provision of spiritual care?, 7) What resources are currently available in your organization for spiritual care in oncology education?, and 8) What role should organizations such as AACE take concerning the domain of spiritual care in oncology education? [This article is part of the journal's special theme issue on spirituality and cancer.]

Boston, P. H. and Mount, B. M. [Division of Palliative Care, Department of Family Practice, University of British Columbia, Vancouver, British Columbia, Canada]. **“The caregiver's perspective on existential and spiritual distress in palliative care.”** *Journal of Pain & Symptom Management* 32, no. 1 (Jul 2006): 13-26.

[Abstract:] There is a paucity of research relating to how palliative caregivers conceptualize, identify, and provide for spiritual and existential domains of care. Focus groups comprising experienced palliative care providers participated in three semistructured 2-2.5 hour interviews, which were transcribed and subjected to thematic analysis. Eight themes were revealed: conceptualization of spirituality; creating openings; issues of transference and countertransference; cumulative grief; healing connections; the wounded healer; sustaining a healing environment for the caregiver; and challenges and strengths for the spiritual and existential domains of palliative care. While the spiritual and existential domains were variously conceived by experienced care providers, their significance for both patient and caregiver was affirmed. Transference and countertransference issues and the “wounded healer” concept were considered fundamental to effective care. Strategies for promoting therapeutic depth discussion were suggested and the importance of self-awareness and staff support emphasized.

Bosworth, H. B. [Center for Health Services Research in Primary Care, Durham VAMC, Durham, NC]. **“The importance of spirituality/religion and health-related quality of life among individuals with HIV/AIDS.”** *Journal of General Internal Medicine* 21, Suppl 5 (Dec 2006): S3-4. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

This is a preface to the journal's special theme issue on spirituality and HIV/AIDS.

Bowen, R., Baetz, M. and D'Arcy, C. [Department of Psychiatry, University of Saskatchewan, Saskatoon, Saskatchewan, Canada; bowen@duke.usask.ca]. **“Self-rated importance of religion predicts one-year outcome of patients with panic disorder.”** *Depression & Anxiety* 23, no. 5 (2006): 266-273.

[Abstract:] Cognitive-behavioral therapy and medication are efficacious treatments for panic disorder, but individual attributes such as coping and motivation are important determinants of treatment response. A sample of 56 patients with panic disorder, treated with group cognitive-behavioral therapy, were reassessed 6 months and 12 months after initial assessment. We studied the effect of self-rated importance of religion, perceived stress, self-esteem, mastery, and interpersonal alienation on outcome as measured by the General Severity Index of the Brief Symptom Inventory (BSI.GSI). Importance of religion was a predictor of BSI.GSI symptom improvement at 1 year. Over time, improvement was seen for the religion is very important subgroup in the BSI.GSI and Perceived Stress Scales. This study suggests that one mechanism by which high importance of religion reduces psychiatric symptoms is through reducing perceived stress.

Bowie, J. V., Ensminger, M. E. and Robertson, J. A. [Department of Health, Behavior and Society, The Johns Hopkins Bloomberg School of Public Health, 624 North Broadway, Room 743, Baltimore, MD 21205-1996; jbowie@jhsph.edu]. **“Alcohol-use problems in young black adults: effects of religiosity, social resources, and mental health.”** *Journal of Studies on Alcohol* 67, no. 1 (Jan 2006): 44-53.

[From the abstract:] ...Using data from a longitudinal cohort study of a black community population (N=1242) followed from age 6 to 32, analysis of moment structures (AMOS) multiple regression analyses were used to examine the association of religious involvement and alcohol-use problems, taking into account mediators, moderators, or both. RESULTS: Findings from this study support and extend the current literature that being male, having a major depressive disorder, completing fewer years of education, being unemployed, moving more frequently, and not attending church at least monthly are associated with serious problems with alcohol use in blacks. Those who were depressed and attended church frequently were no more likely to have alcohol problems than those who were not depressed. However, depression was strongly associated with alcohol problems for those who did not attend church frequently. CONCLUSIONS: Frequency of church attendance was associated with fewer alcohol problems, and this relationship was moderated by depression. Other measures of religiosity were not significantly related to alcohol problems, and social resources did not mediate the relationship between alcohol problems and religiosity.

Branch, W. T. Jr., Torke, A. and Brown-Haithco, R. C. [Emory Univ. School of Medicine; William\_branch@emoryhealthcare.org]. **“The importance of spirituality in African-Americans' end-of-life experience.”** *Journal of General Internal Medicine* 21, no. 11 (Nov 2006): 1203-1205.

[Abstract:] A profound and moving spirituality provided emotional and psychological support for most terminally ill patients at Grady Memorial Hospital. The authors were able to trace the roots of these patients' spirituality to core beliefs described by African-American theologians. Truly bedrock beliefs often reflected in conversations with the patients at Grady included the providence of God and the divine plan for each person's life. Patients felt an intimate relationship to God, which they expressed through prayer. Importantly, almost all patients

were willing to share their beliefs with the authors in long bedside interviews. This willingness to share indicates that physicians can learn about and validate such patients' spiritual sources of support.

Brayne, S., Farnham, C. and Fenwick, P. [Palliative Care Team, Camden Primary Care Trust, London]. **“Deathbed phenomena and their effect on a palliative care team: a pilot study.”** *American Journal of Hospice & Palliative Care* 23, no. 1 (Jan-Feb 2006): 17-24.

[Abstract:] Anecdotal evidence suggests that death may be heralded by deathbed phenomena (DBP) such as visions that comfort the dying and prepare them spiritually for death. Medical practitioners have been slow to recognize DBP, and there has been little research into the spiritual effect that DBP have on caregivers or on how these phenomena influence their work. A pilot study looking into the occurrence of DBP was conducted by the palliative care team at Camden Primary Care Trust. Interviews revealed that patients regularly report these phenomena as an important part of their dying process, and that DBP are far broader than the traditional image of an apparition at the end of the bed. Results of the interviews raise concerns about the lack of education or training to help palliative care teams recognize the wider implications of DBP and deal with difficult questions or situations associated with them. Many DBP may go unreported because of this. Results of this pilot study also suggest that DBP are not drug-induced, and that patients would rather talk to nurses than doctors about their experiences.

Breen, G. V., Price, S. and Lake, M. [IWK Health Centre in Halifax, Nova Scotia, Canada]. **“Spirituality and high-risk pregnancy: another aspect of patient care.”** *AWHONN Lifelines* 10, no. 6 (Dec 2006-Jan 2007): 466-473.

[Abstract:] A high-risk pregnancy can be a stressful situation for a woman, her partner and her family. Many women utilize their spiritual beliefs as a way to make sense of their situation. Health care professionals, including nurses, midwives and physicians, can provide effective spiritual care and support consistent with their professional scopes of practice. Spiritually focused interventions can help to reduce stress and anxiety and create a more open and confident approach to the management of pregnancy complications.

Brown, A. E., Whitney, S. N. and Duffy, J. D. [Baylor College of Medicine, Department of Family and Community Medicine, 3701 Kirby Dr., Suite 600, Houston, TX 77098; anthonyb@bcm.tmc.edu]. **“The physician's role in the assessment and treatment of spiritual distress at the end of life.”** *Palliative & Supportive Care* 4, no. 1 (Mar 2006): 81-86.

[Abstract:] OBJECTIVE: Patients at the end of their life typically endure physical, emotional, interpersonal, and spiritual challenges. Although physicians assume a clearly defined role in approaching the physical aspects of terminal illness, the responsibility for helping their patients' spiritual adaptation is also important. METHODS: This article (1) describes the terms and definitions that have clinical utility in assessing the spiritual needs of dying patients, (2) reviews the justifications that support physicians assuming an active role in addressing the spiritual needs of their patients, and (3) reviews clinical tools that provide physicians with a structured approach to the assessment and treatment of spiritual distress. RESULTS: This review suggests that physicians can and should be equipped to play a key role in relieving suffering at the end of life. SIGNIFICANCE OF RESULTS: Physicians can help their patients achieve a sense of completed purpose and peace.

Brown, A. E., Whitney, S. N., Schneider, M. A. and Vega, C. P. [Baylor College of Medicine, Department of Family and Community Medicine, 3701 Kirby Drive, Suite 600, Houston, TX 77098; anthonyb@bcm.tmc.edu]. **“Alcohol recovery and spirituality: strangers, friends, or partners?”** *Southern Medical Journal* 99, no. 6 (Jun 2006): 654-657. Comment on p. 643.

[Abstract:] Alcoholics Anonymous, with its steady but nonspecific promotion of belief in a higher power and its emphasis on the group process, long held a near-monopoly in the outpatient alcohol recovery field, but its hegemony has now been challenged by two very different perspectives. The first is a nonspiritual approach that emphasizes the individual's capability to find a personal pathway to sobriety, exemplified by Rational Recovery. The second is a faith-based method, built on a religious understanding of alcoholism, of which Celebrate Recovery is a prominent example, based upon Christianity. Most communities offer a variety of approaches, so clinicians who are aware of these differences are in a good position to help patients make intelligent choices among the competing recovery philosophies.

Brown, I. [LMA Health Promotion Consultants, Mount Vernon, NY; info@chooselife-hws.com]. **“Caring for patients of diverse religious traditions: Evangelical ‘Born Again’ Christians.”** *Home Healthcare Nurse* 24, no. 10 (Nov-Dec 2006): 677-680.

This is part of the journal's ongoing series: Caring for Patients of Diverse Religious Traditions.

Buck, H. G. [College of Nursing, University of South Florida, Tampa, FL 33612; hbuck@health.usf.edu]. **“Spirituality: concept analysis and model development.”** *Holistic Nursing Practice* 20, no. 6 (Nov-Dec 2006): 288-292.

[Abstract:] The concept of spirituality has gained increasing attention over the last decade, as evidenced by the number of conceptual and empirical articles published. Many recommend that continued theory development is essential to understand spirituality and guide practice. The aim of this article is to review the nursing research on spirituality and conduct a concept analysis using Chinn and Kramer's method of creating conceptual meaning. A definition of spirituality is presented, and a model constructed from a review of the literature and reflection. Spirituality is defined as: that most human of experiences that seeks to transcend self and find meaning and purpose through connection with others, nature, and/or a Supreme Being, which may or may not involve religious structures or traditions.

Bullock, K. [School of Social Work, University of Connecticut, West Hartford, CT 06117, and The Braceland Center for Mental Health and Aging, Institute of Living, Hartford Hospital, Hartford, CT; karen.bullock@uconn.edu]. **“Promoting advance directives among African Americans: a faith-based model.”** *Journal of Palliative Medicine* 9, no. 1 (Feb 2006): 183-195. Comment on p. 182.

[Abstract:] BACKGROUND: Studies show that African Americans are less likely than other ethnic groups to complete advance directives. However, what influences African Americans' decisions to complete or not complete advance directives is unclear. METHODS: Using a faith-based promotion model, 102 African Americans aged 55 years or older were recruited from local churches and community-based agencies to participate in a pilot study to promote advance care planning. Focus groups were used to collect data on participants' preferences for care, desire to make personal choices, values and attitudes, beliefs about death and dying, and advance directives. A standardized interview was used in the focus groups, and the data were organized and analyzed using NUDIST 4 software (QRS Software, Victoria, Australia). RESULTS: Three fourths of the participants refused to complete advance directives. The following factors influenced the participants' decisions about end-of-life care and completion of an advance directive: spirituality; view of suffering, death, and dying; social support networks; barriers to utilization; and mistrust of the health care system. CONCLUSION: The dissemination of information apprises individuals of their right to self-

determine about their care, but educational efforts may not produce a significant change in behavior toward completion of advance care planning. Thus, ongoing efforts are needed to improve the trust that African Americans have in medical and health care providers.

Bunde, M., Suls, J., Martin, R. and Barnett, K. [Department of Psychology, University of Iowa, Iowa City, 52242]. **“Hystersisters online: social support and social comparison among hysterectomy patients on the internet.”** *Annals of Behavioral Medicine* 31, no. 3 (Jun 2006): 271-278.

[Abstract:] BACKGROUND: The Internet has become a popular source of health information for patients with a variety of medical concerns; however, research examining patient interactions on the Internet has been limited. PURPOSE: Four questions were examined in a survey study of hysterectomy patients who visited <http://www.hystersisters.com>: (a) Do hysterectomy patients use the support Web site because they perceive their proximal sources of social support to be inadequate? (b) What kinds of support do patients receive from the Web site? (c) What attributes characterize the “Hystersisters” that are perceived to be most helpful? (d) How do informational sources vary depending on the nature of the patient concern? METHODS: Women (N = 137) responded to questions about social support, Web site use, and perceptions of other Web site users. RESULTS: Participants reported high levels of perceived support and tangible assistance from their proximal social environment during recovery from surgery (93%-100%). Hystersisters who were perceived as helpful tended to share similar attributes, such as religion and children. On the Web site, information and advice (61%) was sought significantly more than emotional or esteem support ( $p < .01$ ). For issues involving spiritual or partner matters versus factual issues connected to the hysterectomy, patients expressed greater interest in communicating with a patient who shared their values even if they were not more knowledgeable. CONCLUSIONS: This research contributes to our understanding of how patients utilize the Internet for health information. Longitudinal research is needed to evaluate causal relationships between Internet use and health outcomes.

Buswell, J., Clegg, A., Grant, F., Grout, G., Minardi, H. A. and Morgan, A. [United Bristol Healthcare Trust, UK]. **“Ask the experts: spirituality in care.”** *Nursing Older People* 18, no. 1 (Feb 2006): 14-15.

This is a collection of brief responses from six nurse consultants on the subject of spirituality in nursing care.

Byock, I. [Anesthesiology and Community and Family Medicine, Dartmouth Medical School, Lebanon, NH]. **“Where do we go from here? A palliative care perspective.”** *Critical Care Medicine* 34, no. 11, Suppl. (Nov. 2006): S416-420.

This overview, from a leading voice in end-of-life care, mentions spirituality *passim*, but especially on p. 418. See also the table of Principles of Palliative Care on p. 417.

Call, K. T., McAlpine, D. D., Johnson, P. J., Beebe, T. J., McRae, J. A. and Song, Y. [School of Public Health, University of Minnesota, Minneapolis 55455, and Mayo Clinic, Rochester, MN; [callx001@umn.edu](mailto:callx001@umn.edu)]. **“Barriers to care among American Indians in public health care programs.”** *Medical Care* 44, no. 6 (Jun 2006): 595-600.

[From the abstract:] OBJECTIVE: We sought to examine the extent to which reported barriers to health care services differ between American Indians (AIs) and non-Hispanic Whites (Whites). METHODS: A statewide stratified random sample of Minnesota health care program enrollees was surveyed. Responses from AI and White adult enrollees ( $n=1281$ ) and parents of child enrollees ( $n=572$ ) were analyzed using logistic regression models that account for the complex sample design. Barriers examined include: financial, access, and cultural barriers, confidence/trust in providers, and discrimination. RESULTS: ...In addition to racial discrimination and cultural misunderstandings, parents of AI children are more likely than parents of White enrollees to report limited clinic hours, lack of respect for religious beliefs, and mistrust of their child's provider as barriers....

Callaghan, D. [Widener University, School of Nursing, Chester, PA 19013; [dmcallaghan@mail.widener.edu](mailto:dmcallaghan@mail.widener.edu)]. **“Basic conditioning factors' influences on adolescents' healthy behaviors, self-efficacy, and self-care.”** *Issues in Comprehensive Pediatric Nursing* 29, no. 4 (Dec 2006): 191-204.

Among the findings of this secondary analysis of 262 questionnaires completed by a sample of 265 students from a Southern New Jersey High aged 14-19 years old: students who routinely practiced a religion also practiced health-promoting self-care behaviors more frequently and had higher self-care self-efficacy levels” [p. 200]. Data supporting this finding are given in a table on p. 201.

Callaghan, D. M. [Widener University, Chester, PA 19013]. **“The influence of growth on spiritual self-care agency in an older adult population.”** *Journal of Gerontological Nursing* 32, no. 9 (Sep 2006): 43-51.

[Abstract:] This study investigated the relationships among health-promoting self-care behaviors, self-care self-efficacy, and self-care agency in an older adult population. The purpose of this study was to identify the relationships among these concepts as well as the specific influence of spiritual growth, a component of health-promoting self-care behaviors, on self-care agency. The instruments used in this study included the Health-Promoting Lifestyle Profile II, Self-Rated Abilities for Health Practices Scale, and Exercise of Self-Care Agency Scale. A canonical correlation identified a significant variate having a correlation of .74 ( $p = .000$ ) that accounted for 55% of the variance explained. The loading variables included spiritual growth, self-concept, initiative, and responsibility. The conclusion was made that spiritual growth influences older adults' self-care agency to a greater extent than self-care self-efficacy.

Campbell, A. [Department of Children's Nursing, London South Bank University]. **“Spiritual care for sick children of five world faiths.”** *Paediatric Nursing* 18, no. 10 (Dec 2006): 22-25.

This article out of the UK addresses religious rites, rituals, and ceremonies from Muslim, Hindu, Sikh, Jewish and Buddhist traditions pertinent to the circumstance of the birth of a child or when a child is sick or dying.

Campesino, M. and Schwartz, G. E. [College of Nursing, Arizona State University, Tempe, 85287; [Maureen.campesino@asu.edu](mailto:Maureen.campesino@asu.edu)]. **“Spirituality among Latinas/os: implications of culture in conceptualization and measurement.”** *Advances in Nursing Science* 29, no. 1 (Jan-Mar 2006): 69-81.

[Abstract:] Despite growing transnational migration between the United States and Latin American countries, culturally relevant conceptualizations of spirituality among Latinas/os remain lacking in healthcare research. Grounded in Latina feminist theology, this article elucidates cultural values that influence spirituality and describes findings from a study using a new questionnaire to explore spirituality among Latinas in Puerto Rico and the US mainland. Results support the saliency of cultural values such as *personalismo* and *familismo* as the context for spiritual perspectives, which may function independently of the Catholic Church structure.



Canada, A. L., Parker, P. A., de Moor, J. S., Basen-Engquist, K., Ramondetta, L. M. and Cohen, L. [Department of Behavioral Science, The University of Texas M.D. Anderson Cancer Center-Unit 1330, PO Box 310439, Houston, TX 77230-1439; alcanada@manderson.org]. **“Active coping mediates the association between religion/spirituality and quality of life in ovarian cancer.”** *Gynecologic Oncology* 101, no. 1 (Apr 2006): 102-107.

[Abstract:] OBJECTIVES: This study investigated the role of religion/spirituality (R/S) and coping in quality of life (QOL) in 129 women immediately prior to a course of adjuvant chemotherapy for ovarian cancer. METHODS: Participants completed the COPE, the Functional Assessment of Cancer Therapy-Ovarian (FACT-O), and the Systems of Belief Inventory-15R (SBI-15R). Women averaged 58.9 years of age (SD = 11.5) and were primarily Caucasian (86%), married (74%), and had received at least some college education (67%). Eighty-five percent of the participants had stage III or IV ovarian cancer at study entry. RESULTS: Correlational analyses revealed that R/S was associated with active coping ( $r = 0.23, P = 0.022$ ), overall QOL ( $r = 0.25, P = 0.012$ ), emotional and functional well-being ( $r = 0.24, P = 0.014$  and  $r = 0.28, P = 0.004$ ), and fewer ovarian cancer-specific concerns ( $r = 0.27, P = 0.006$ ). In addition, active coping was related to overall QOL ( $r = 0.22, P = 0.029$ ) and social and functional well-being ( $r = 0.20, P = 0.042$  and  $r = 0.33, P = 0.001$ ). Tests of mediation between these variables suggested that the positive associations between R/S and functional well-being and R/S and overall QOL were mediated through the use of active coping. CONCLUSION: Future studies are needed to better understand the complex relationships between R/S, coping, and QOL throughout the ovarian cancer treatment experience.

Carey, L. B., Newell, C. J. and Rumbold, B. [Australian Health and Welfare Chaplains Association, Melbourne, Victoria, Australia; lindsay.carey@defence.gov.au]. **“Pain control and chaplaincy in Australia.”** *Journal of Pain & Symptom Management* 32, no. 6 (Dec 2006): 589-601.

The data were collected as part of a larger study during 1997-2000, from 327 chaplains who returned a mailed survey (response rate of 79.7%) and 100 who participated in taped in-depth, semi-structured interviews. The survey found that “approximately 85% of chaplains believed that ‘it was part of the work of a chaplain to help patients and their families cope with physical pain,’” and “57.5% indicated that they had actually been involved...with assisting patients and/or their families with regard to pain control issues”--the latter figure constituted by a positive response of 66% of staff chaplains but only 39.4% of volunteer chaplains [p. 594]. A total of 36.7% of chaplains reported that they had assisted clinical staff with patient pain control issues, but this was also much more likely to be the case with staff chaplains than with volunteer chaplains (i.e., 43.5% to 22.9%). Findings from the qualitative arm of the study--in which 65% of the interviewees “provided in-depth information regarding their experiences with ‘pain control’ issues” [p. 594] and chaplains’ practices of assessment, ministry, and counseling & education. [This study has been reviewed on the website of the Research Network of the Association for Clinical Pastoral Education at www.ACPEResearch.net --see the site’s January 2006 Article-of-the-Month page.]

Carrico, A. W., Ironson, G., Antoni, M. H., Lechner, S. C., Duran, R. E., Kumar, M. and Schneiderman, N. [Department of Psychology, University of Miami, Coral Gables, FL]. **“A path model of the effects of spirituality on depressive symptoms and 24-h urinary-free cortisol in HIV-positive persons.”** *Journal of Psychosomatic Research* 61, no. 1 (Jul 2006): 51-58.

[Abstract:] OBJECTIVE: The present investigation examined the associations among spirituality, positive reappraisal coping, and benefit finding as they relate to depressive symptoms and 24-h urinary-free-cortisol output. METHODS: Following an initial screening appointment, 264 human-immunodeficiency-virus-positive men and women on highly active antiretroviral therapy provided 24-h urine samples and completed a battery of psychosocial measures. RESULTS: Spirituality was associated with higher positive reappraisal coping and greater benefit finding. Benefit finding and positive reappraisal coping scores were, in turn, both related to lower depressive symptoms. Finally, we determined that benefit finding was uniquely predictive of decreased 24-h urinary-free cortisol output. CONCLUSION: Positive reappraisal coping and benefit finding may co-mediate the effect of spirituality on depressive symptoms, and benefit finding may uniquely explain the effect of spirituality on 24-h cortisol output.

Carson, M. L. [International Christian College, 110 St. James Road, Glasgow, Scotland G4 OPS]. **“Loving, discernment, and distance: pastoral care in schizophrenia.”** *The Journal of Pastoral Care & Counseling: JPCC* 60, no. 3 (2006): 227-239.

[From the abstract:] ...This article seeks to outline the main features of schizophrenia and considers how to deal with particular situations which may arise in pastoral care. It suggests ways of dealing with people who express religious delusions and also argues that the “staples” of pastoral care--relationship building, empathy and inclusion--may not always be appropriate in the care of people with schizophrenia, who often need a “safe distance” between themselves and others. Some practical advice for families is also offered.

Carter-Edwards, L., Jallah, Y. B., Goldmon, M. V., Roberson, J. T. Jr. and Hoyo, C. [Institute for Health, Social and Community Research at Shaw University; loriedwards@hughes.net]. **“Key attributes of health ministries in African American churches: an exploratory survey.”** *North Carolina Medical Journal* 67, no. 5 (Sep-Oct 2006): 345-350.

[Abstract:] BACKGROUND: Church leaders are considered instrumental in the successful implementation of church-based health programs. However it is unknown which program attributes they perceive as important and which program attributes exist in their congregations. OBJECTIVE: To explore the perceived importance and existence of health ministry-related attributes in predominately African American churches. METHODS: Cross-sectional survey, with a convenience sample of 98 registered church leaders attending a conference on health and spirituality in Raleigh, NC. Attendees were asked to complete a brief survey assessing perceived importance (very important vs. somewhat or not important) and existence (yes vs. no) of 20, health ministry-related attributes in their churches. Percent perceived as very important, percent existence, and their differences were assessed for each attribute. RESULTS: Seventy-two (73.5%) of the attendees completed the survey. Attributes perceived as very important were: displaying health information in churches (73.6%); hosting health fairs for church members (73.2%); pastoral, church-based Internet access (70.8%); willingness to receive foundation funding for activities (66.7%); and incorporating health messages in Sunday bulletins (65.3%). For each of these program attributes, there was a gap between the proportion rating them “very important” and existence of the attribute in their own congregations (range diff in %: -8.3 to -22.2). LIMITATIONS: Lack of generalizability due to sample selection and homogeneity. CONCLUSIONS: Among leaders surveyed, despite perceived importance, attributes did not exist for all. Future studies should evaluate whether attributes considered important by church leadership parallel an increase in the development and maintenance of health program activities, and are associated with congregation health behaviors and health outcomes.

- Cavendish, R., Konecny, L., Naradovy, L., Luise, B. K., Como, J., Okumakpeyi, P., Mitzeliotis, C. and Lanza, M. [York City College of Technology/CUNY, Brooklyn 11209; RCavendish@prodigy.net]. **“Patients' perceptions of spirituality and the nurse as a spiritual care provider.”** *Holistic Nursing Practice* 20, no. 1 (Jan-Feb 2006): 41-47.  
 [Abstract:] This qualitative study explored patients' perceptions of spirituality and of the nurse as a spiritual care provider. Semistructured interviews were conducted with 8 adults older than 21, who were living at home, and had been discharged from the hospital within the past 3 months having had at least a 5-day length of stay. Participants agreed that during their hospitalization, nurses were kind and caring but these behaviors were not perceived as spiritual care. Study findings suggest that patients do not perceive spiritual care within the role of nursing and therefore they did not share their spiritual concerns with nurses. Study findings are limited by sample size; however, implications for practice are that nurses need to be aware of a patient's spiritual needs to provide spiritual care.
- Cervo, F. A., Bryan, L. and Farber, S. [State University of New York at Stony Brook; Long Island State Veterans Home, New York]. **“To PEG or not to PEG: a review of evidence for placing feeding tubes in advanced dementia and the decision-making process.”** *Geriatrics* 61, no. 6 (Jun 2006): 30-35. Comment on pp. 12-13.  
 This is a general consideration of issues in the placement of percutaneous endoscopic gastrostomy (PEG) tubes for “feeding.” See especially the section on p. 34.
- Chan, C. L., Ng, S. M., Ho, R. T. and Chow, A. Y. [Department of Social Work and Social Administration, University of Hong Kong, Hong Kong, China]. **“East meets West: applying Eastern spirituality in clinical practice.”** *Journal of Clinical Nursing* 15, no. 7 (Jul 2006): 822-832. [This article is part of a special theme issue on spirituality & nursing.]  
 [From the abstract:] ...This is a review paper summarizing the application of the [body-mind-spirit] approach on various clinical populations. RESULTS: The approach has been trialled with promising results in a number of health conditions and psychosocial predicaments. Spirituality is not restricted to any religious practices, nor is it narrowed to the pursuit of knowledge at a high level of abstraction. The interconnectedness of the body, mind and spirit presupposes that the practice of spirituality is multidimensional and multi-leveled. CONCLUSIONS: Using the body-mind-spirit framework flexibly we can engage more clients while facilitating the important process of exploration and change. The key components include getting in touch with the inner self, coming back to our senses, connecting our body and mind and rebalancing our relationship with the natural and social environment. The ultimate goal is to move out of meaninglessness and to reach a state of mature spirituality of tranquility and transcendence.... [62 references.]
- Chen, Y. Y. and Koenig, H. G. [Duke University Medical Center, Durham, NC 27516]. **“Do people turn to religion in times of stress? An examination of change in religiousness among elderly, medically ill patients.”** *Journal of Nervous & Mental Disease* 194, no. 2 (Feb 2006): 114-120.  
 [Abstract:] This study examined the effect of health-related stress on changes in religiousness in a sample of elderly, medically ill patients. Patients admitted to Duke University Medical Center (N = 745) were interviewed at baseline and 3-month follow-up. Increases in illness severity (from baseline to follow-up) were associated with decreases in both organizational and private religiousness at follow-up. Effect of illness severity on organizational religiousness was statistically mediated by changes in physical activity, while its effect on private religiousness remained significant after controlling for physical activity. These findings encourage further research investigating causal relationships between stress and religion, as well as identifying measures of religiousness that may capture this construct in the medically ill population.
- Cherny, N. I. [Department of Medical Oncology, Shaare Zedek Medical Center, PO Box 3235, Jerusalem 91031, Israel; chernyn@netvision.net.il]. **“Sedation for the care of patients with advanced cancer.”** *Nature Clinical Practice Oncology* 3, no. 9 (Sep 2006): 492-500.  
 The author reviews the appropriate use of sedation [from the abstract:] ...in palliative care in several settings: transient controlled sedation, sedation in the management of refractory symptoms at the end of life, emergency sedation, respite sedation, and sedation for refractory psychological or existential suffering,” yet notes, “Some aspects of management, such as the need for hydration in patients undergoing sedation and the use of sedation in the management of psychological and spiritual suffering, remain controversial. [78 references.]
- Chester, D. N., Himburg, S. P. and Weatherspoon, L. J. [US Department of Agriculture, Agricultural Research Service, Beltsville Human Nutrition Research Center, Community Nutrition Research Center, Beltsville, MD 20705; chesterd@ba.ars.usda.gov]. **“Spirituality of African-American women: correlations to health-promoting behaviors.”** *Journal of National Black Nurses Association* 17, no. 1 (Jul 2006): 1-8.  
 [Abstract:] The purpose of this study was to investigate how spirituality relates to health-promoting behaviors in African-American women. Using Burkhardt's theoretical framework for spirituality, a descriptive cross-sectional correlational design was used. A group of 260 (N=260) women completed Rosenberg's Self-Esteem Scale, the Health Promoting Lifestyle Profile II, the Spiritual Perspective Scale, the Brief Block 2000 Food Frequency Questionnaire (FFQ). These women also provided the researchers with their socio-demographic data. Canonical correlation analysis identified a significant pair of canonical variables which indicated that those individuals with good nutrition (.95), physical activity (.79), and healthy eating (.42) were positively associated with stress management (.88), health responsibility (.67), spiritual growth (.66), interpersonal relations (.50), education (.49), and self-esteem (.33). This set of variables explained 56% of the variability (p < .001). Practitioners should incorporate the message of spirituality by focusing on strategies to improve health responsibility, interpersonal relations, and self-esteem, along with health-promoting behaviors. [See also the editorial: Giger, J. N., “The importance of the African-American church and spirituality in the lives of the African-American community,” on pp. vii-viii of this issue.]
- Chochinov, H. M. [Manitoba Palliative Care Research Unit, Cancer Care Manitoba, Winnipeg, Manitoba, Canada]. **“Dying, dignity, and new horizons in palliative end-of-life care.”** *CA: A Cancer Journal for Clinicians* 56, no. 2 (Mar-Apr 2006): 84-103. Quiz on pp. 104-105.  
 [Abstract:] Palliative care practitioners are now better able than ever before to ameliorate end-of-life symptom distress. What remains less developed, however, is the knowledge base and skill set necessary to recognize, assess, and compassionately address the psychosocial, existential, and spiritual aspects of the patient's dying experience. This review provides an overview of these areas, focusing primarily on empirical data that has examined these issues. A brief overview of psychiatric challenges in end-of-life care is complemented with a list of

resources for readers wishing to explore this area more extensively. The experience of spiritual or existential suffering toward the end of life is explored, with an examination of the conceptual correlates of suffering. These correlates include: hopelessness, burden to others, loss of sense of dignity, and desire for death or loss of will to live. An empirically-derived model of dignity is described in some detail, with practical examples of diagnostic questions and therapeutic interventions to preserve dignity. Other interventions to reduce existential or spiritual suffering are described and evidence of their efficacy is presented. The author concludes that palliative care must continue to develop compassionate, individually tailored, and effective responses to the mounting vulnerability and increasingly difficult physical, psychosocial, and spiritual challenges facing persons nearing the end of life. [97 references.]

Cicirelli, V. G. [Dept. of Psychological Sciences, Purdue University, West Lafayette, IN 47907-1364, victor@psych.purdue.edu]. **"Fear of death in mid-old age."** *Journals of Gerontology Series B-Psychological Sciences & Social Sciences* 61, no. 2 (Mar 2006): P75-81.

[Abstract:] A transition model hypothesizes that the discrepancy between desired and expected time left to live is greater for mid-old persons than young-old persons. This discrepancy arouses a greater fear of death, which is influenced by age, health, and purpose in life. With the use of the Multidimensional Fear of Death Scale, 192 older adults (60 to 84 years of age) were assessed on these variables and death fear. In structural analyses, purpose in life and the difference between the desired and the expected time left to live had direct effects on fear of body loss, with indirect effects of health; the relative size of effects differed as expected for two age groups. These variables were not related to fear of the unknown. An awareness of approaching death appears to arouse a greater fear of physical loss, but not mental or spiritual loss, in mid-old persons than in young-old persons.

Clarke, J. [University of Worcester, Institute of Health, Social Care and Psychology, Henwick Grove, Worcester, WR26AJ, UK; janiceclarke@btopenworld.com]. **"A discussion paper about 'meaning' in the nursing literature on spirituality: an interpretation of meaning as 'ultimate concern' using the work of Paul Tillich."** *International Journal of Nursing Studies* 43, no. 7 (Sep 2006): 915-921.

[Abstract:] Spirituality is often explained in the nursing literature as the patient's quest to find meaning in life and in their experiences. This is most often described in an unlimited and unconditional way defined by whatever interpretations the person places upon it. This opens it to a variety of understandings, some of which may be negative and unhelpful in terms of what we usually consider to be spiritual well being. This discussion paper attempts to look beyond the generality of this idea to examine whether our concept of having meaning, if used in terms of spirituality, should be conditional on meanings which are actually to do with the depth of our being and not meanings which only give pleasure and satisfaction. The paper attempts to do this in two ways. First it explores the beliefs of Victor Frankl to ask the question whether having meaning alone is sufficient to provide spiritual comfort or whether the content of the particular beliefs associated with meaning, may matter. Frankl is often used as a source for the idea of spirituality being to do with meaning and in this paper Frankl's thought is explored in detail to see his own underlying beliefs which helped in his life experiences. Secondly, an understanding of 'meaning' as being conditioned by something "ultimate" described by Paul Tillich is explored. This would give nursing a more structured and purposeful approach to using the term 'meaning' in relation to spiritual care and in addition it would open up a way forward in terms of researching which particular meanings might be most helpful in illness and adversity.

Clarke, J. [Institute of Health and Social Care, University College, Worcester WR26AJ, UK. janice.clarke@worc.ac.uk]. **"Religion and spirituality: a discussion paper about negativity, reductionism and differentiation in nursing texts."** *International Journal of Nursing Studies* 43, no. 6 (Aug 2006): 775-785.

[Abstract:] BACKGROUND: The last 30 years have seen a proliferation of literature about spirituality in the nursing press. A dominant theme has been the need to differentiate spirituality from religion and this has provoked a number of authors to attempt to define and describe religion. As nursing advocates respect for the person's religious beliefs the way in which it is portrayed is very relevant. AIMS: This work explores how religion is defined and discussed in the nursing literature about spirituality to consider whether the way religion is portrayed could be said to demonstrate 'respect' for religious beliefs. METHODS: Texts about religion were examined in relation to theories of religion from anthropology, sociology and religious studies. These disciplines have produced substantive or irreducible accounts in contrast to functional and reductive theories about religion. RESULTS: The result of this analysis is that there appears to be a tendency to talk about religion without using sources which itself suggests a lack of respect as well as an inclination to view it only in reductive and functional terms. This is proved by the similarity of ideas in the nursing literature to the functionalist and reductionist theories of Frazer, Tylor, Marx, Durkheim and Freud. This approach is criticised with reference to the work of Otto, Bellah, Berger and Pals who suggest that religion should be seen as irreducibly to do with the sacred. It is proposed that this is a more appropriate outlook to take for an occupation which professes to respect the religious beliefs of all individuals. However, viewing religion in this more meaningful way, acknowledging their spirituality has implications for attempts to differentiate religion and spirituality. CONCLUSION: Reductive accounts of religion imply, probably inadvertently but nevertheless negative, attitudes towards religious belief. A more serious and deeper exploration of the meaning of religion from the standpoint of irreducibility might be more respectful and tolerant of religious belief. This is particularly salient in a society where religious practice is increasing both in the indigenous population and as a result of immigration. 60 references.

Cleland, J. A., Price, D. B., Lee, A. J., Gerard, S. and Sharma, A. [Department of General Practice and Primary Care, Foresterhill Health Centre, University of Aberdeen, UK; jen.cleland@abdn.ac.uk]. **"A pragmatic, three-arm randomised controlled trial of spiritual healing for asthma in primary care."** *British Journal of General Practice* 56, no. 527 (Jun 2006): 444-449.

[Abstract:] BACKGROUND: Well-designed trials are required to assess if complementary and alternative medicine (CAM) is effective. AIM: This study assessed the effectiveness of spiritual healing for asthma. DESIGN OF STUDY: Randomized, placebo-controlled trial. SETTING: Aberdeen, Scotland. METHOD: This was a single-blind, three-armed randomized, controlled trial of spiritual healing for asthma, comparing the effectiveness of five sessions of spiritual healing with placebo (delivered by an actor), and with a control group receiving normal care only. The primary outcome measure was the Juniper Asthma Quality of Life Questionnaire (AQLQ). Secondary outcomes were forced expiratory flow in one second (FEV1), peak expiratory flow (PEF), HADS (Hospital Anxiety Depression Scale), SF-36 and MYMOP (Measure Yourself Medical Outcome Profile). Baseline and follow-up data were collected. RESULTS: Eighty-eight adult patients receiving pharmacological treatment for asthma participated. AQLQ scores improved significantly from baseline and the end of treatment in all groups (spiritual healing P = 0.008; 'sham' healing P = 0.001 and control P = 0.01) but there was no significant difference between groups (P = 0.57). These improvements were maintained at follow-up 1 for two of the groups (spiritual healing P = 0.016; sham healing P = 0.001 and control P = 0.09) but none of the

groups showed an improvement at follow-up 2 (spiritual healing  $P = 0.161$ ; sham healing  $P = 0.016$  and control  $P = 0.11$ ). Similar proportions of patients in each group showed a clinically important improvement in AQLQ score. Analysis of AQLQ scores at end of treatment and both follow-up periods indicated no significance between group differences. No consistent changes were seen in secondary outcome measures, possibly due to the small sample size. CONCLUSION: Spiritual healing does not appear to have any specific affect on patient asthma related quality of life.

Coggin, C. and Shaw-Perry, M. [University of North Texas Health Science Center at Fort Worth, TX 76107; ccoggin@hsc.unt.edu]. **“Breast cancer survivorship: expressed needs of black women.”** *Journal of Psychosocial Oncology* 24, no. 4 (2006): 107-22.

This qualitative study of “62 Black middle-income socioeconomic position survivors” identified five themes indicating “similar socioecological stressors as low-income...survivors” [from the abstract:] (1) affordable, accessible, acceptable, and appropriate medical and support services; (2) a caring and loving family; (3) contacts for information regarding breast cancer symptoms or related health problems; (4) an intimate relationship with God; and (5) adequate resources for self and family care.

Coleman, C. L., Holzemer, W. L., Eller, L. S., Corless, I., Reynolds, N., Nokes, K. M., Kempainen, J. K., Dole, P., Kirksey, K., Sefcik, L., Nicholas, P. and Hamilton, M. J. [Center for Health Disparities Research, Graduate Program in Public Health Studies, University of Pennsylvania School of Nursing, Philadelphia, PA]. **“Gender differences in use of prayer as a self-care strategy for managing symptoms in African Americans living with HIV/AIDS.”** *Journal of the Association of Nurses in AIDS Care* 17, no. 4 (Jul-Aug 2006): 16-23.

[Abstract:] The objective of this study was to explore the association of gender to use of prayer as a self-care strategy for managing the HIV-related symptoms of fatigue, nausea, depression, and anxiety among African American men and women who are HIV-seropositive. To accomplish this, data were determined using convenience sampling from a sample of 448 African American men and women from the United States who were participants in a national study on self-care symptom management of HIV/AIDS. Chi-square analyses were used to examine the potential relationships between gender and the use of prayer for managing the four symptoms. The mean age of the sample was 42.69 +/- 7.93 years (range, 20-66). Results showed the following gender differences in the use of prayer as a self-care strategy: fatigue-men 46% ( $n = 62$ ), women 54% ( $n = 74$ ); nausea-men 52% ( $n = 33$ ), women 48% ( $n = 30$ ); depression-men 55% ( $n = 90$ ), women 45% ( $n = 73$ ); and anxiety-men 77% ( $n = 83$ ), women 87% ( $n = 73$ ). Chi-square analyses determined that significant differences exist between African American men and women in the frequency of the use of prayer for managing HIV-related fatigue ( $\chi^2(2) = 14.81$ , 1 df,  $p = .000$ ), nausea ( $\chi^2(2) = 4.10$ , 1 df,  $p = .043$ ), and depression ( $\chi^2(2) = 5.21$ , 1 df,  $p = .022$ ). There was no gender difference in the use of prayer to manage anxiety. Prayer was reported as a self-care strategy by over 50% of the respondents for three of the four symptoms and was rated highly efficacious. The authors conclude that the African American men and women differed in their selection of prayer as a self-care strategy for managing HIV-related depression, fatigue, and nausea. A higher proportion of women than men used prayer to manage fatigue, and more men than women reported using prayer to manage nausea and depression.

Collins, W. L. and Doolittle, A. [Raymond A. Kent School of Social Work, University of Louisville, Louisville, KY 40292; wanda.collins@louisville.edu]. **“Personal reflections of funeral rituals and spirituality in a Kentucky African American family.”** *Death Studies* 30, no. 10 (Dec 2006): 957-969.

[Abstract:] This article introduces the authors' experiences and observations as grief/bereavement counselors participating in urban and rural funerals. A vignette illustrates the use of rituals and spirituality of one African American family, living in a rural area of Kentucky, and their efforts to cope with their own grief and loss of a loved one. The article describes why it is important for professional practitioners to have awareness about a range of diverse funeral events and traditions that can take place in the African American community. Funeral practices and customs are discussed as well as suggestions for culturally competent practice in working with those who have experienced loss and grief.

Cotton, S., Puchalski, C. M., Sherman, S. N., Mrus, J. M., Peterman, A. H., Feinberg, J., Pargament, K. I., Justice, A. C., Leonard, A. C. and Tsevat, J. [Health Services Research & Development, VA Medical Center, Cincinnati, OH]. **“Spirituality and religion in patients with HIV/AIDS.”** *Journal of General Internal Medicine* 21, Suppl 5 (Dec 2006): S5-S13. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Spirituality and religion are often central issues for patients dealing with chronic illness. The purpose of this study is to characterize spirituality/religion in a large and diverse sample of patients with HIV/AIDS by using several measures of spirituality/religion, to examine associations between spirituality/religion and a number of demographic, clinical, and psychosocial variables, and to assess changes in levels of spirituality over 12 to 18 months. METHODS: We interviewed 450 patients from 4 clinical sites. Spirituality/religion was assessed by using 8 measures: the Functional Assessment of Chronic Illness Therapy-Spirituality-Expanded scale (meaning/peace, faith, and overall spirituality); the Duke Religion Index (organized and nonorganized religious activities, and intrinsic religiosity); and the Brief RCOPE scale (positive and negative religious coping). Covariates included demographics and clinical characteristics, HIV symptoms, health status, social support, self-esteem, optimism, and depressive symptoms. RESULTS: The patients' mean (SD) age was 43.3 (8.4) years; 387 (86%) were male; 246 (55%) were minorities; and 358 (80%) indicated a specific religious preference. Ninety-five (23%) participants attended religious services weekly, and 143 (32%) engaged in prayer or meditation at least daily. Three hundred thirty-nine (75%) patients said that their illness had strengthened their faith at least a little, and patients used positive religious coping strategies (e.g., sought God's love and care) more often than negative ones (e.g., wondered whether God has abandoned me;  $P < .0001$ ). In 8 multivariable models, factors associated with most facets of spirituality/religion included ethnic and racial minority status, greater optimism, less alcohol use, having a religion, greater self-esteem, greater life satisfaction, and lower overall functioning ( $R(2) = .16$  to  $.74$ ). Mean levels of spirituality did not change significantly over 12 to 18 months. CONCLUSIONS: Most patients with HIV/AIDS belonged to an organized religion and use their religion to cope with their illness. Patients with greater optimism, greater self-esteem, greater life satisfaction, minorities, and patients who drink less alcohol tend to be both more spiritual and religious. Spirituality levels remain stable over 12 to 18 months. [This article is part of the journal's special theme issue on spirituality and HIV/AIDS.]

Cotton, S., Tsevat, J., Szaflarski, M., Kudel, I., Sherman, S. N., Feinberg, J., Leonard, A. C. and Holmes, W. C. [Health Services Research and Development, VA Medical Center, Cincinnati, OH]. **“Changes in religiousness and spirituality attributed to HIV/AIDS: Are there sex and race differences?”** *Journal of General Internal Medicine* 21, Suppl 5 (Dec 2006): S14-20. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND/OBJECTIVE: Having a serious illness such as HIV/AIDS raises existential issues, which are potentially manifested as changes in religiousness and spirituality. The objective of this study was (1) to describe changes in religiousness and spirituality of people with HIV/AIDS, and (2) to determine if these changes differed by sex and race. METHODS: Three-hundred and forty-seven adults with HIV/AIDS from 4 sites were asked demographic, clinical, and religious/spiritual questions. Six religious/spiritual questions assessed personal and social domains of religiousness and spirituality. RESULTS: Eighty-eight participants (25%) reported being "more religious" and 142 (41%) reported being "more spiritual" since being diagnosed with HIV/AIDS. Approximately 1 in 4 participants also reported that they felt more alienated by a religious group since their HIV/AIDS diagnosis and approximately 1 in 10 reported changing their place of religious worship because of HIV/AIDS. A total of 174 participants (50%) believed that their religiousness/spirituality helped them live longer. Fewer Caucasians than African Americans reported becoming more spiritual since their HIV/AIDS diagnosis (37% vs 52%, respectively;  $P < .015$ ), more Caucasians than African Americans felt alienated from religious communities (44% vs 21%, respectively;  $P < .001$ ), and fewer Caucasians than African Americans believed that their religiousness/spirituality helped them live longer (41% vs 68% respectively;  $P < .001$ ). There were no significantly different reported changes in religious and spiritual experiences by sex. CONCLUSIONS: Many participants report having become more spiritual or religious since contracting HIV/AIDS, though many have felt alienated by a religious group-some to the point of changing their place of worship. Clinicians conducting spiritual assessments should be aware that changes in religious and spiritual experiences attributed to HIV/AIDS might differ between Caucasian and African Americans. [This article is part of the journal's special theme issue on spirituality and HIV/AIDS.]

Cotton, S., Zebracki, K., Rosenthal, S. L., Tsevat, J. and Drotar, D. [Health Services Research and Development, Department of Veterans Affairs, VA Medical Center, Cincinnati, OH; sian.cotton@uc.edu]. "**Religion/spirituality and adolescent health outcomes: a review.**" *Journal of Adolescent Health* 38, no. 4 (Apr 2006): 472-480. Comment and authors' reply on pp. 617-618. [See also, from this same journal issue, the article by Rew, "A systematic review of associations among religiosity/spirituality and adolescent health attitudes and behaviors," noted elsewhere in this bibliography.]

[Abstract:] Religion/spirituality is important to adolescents, is usually considered a protective factor against a host of negative health outcomes, and is often included in adolescent health outcomes research. Previous reviews of the relationship among spirituality, religion, and adolescent health have been limited by scope, focusing primarily on distal aspects of religion/spirituality (e.g., attendance at religious services). We reviewed the literature examining proximal domains of religion/spirituality (e.g., spiritual coping) in adolescent health outcomes research. Constructs such as spiritual coping and religious decision-making were the ones most often studied and were generally positively associated with health outcomes. Measurement of proximal domains, associations of proximal domains with health outcomes, methodological issues and recommendations for future research were covered in this review. [54 references.]

Coyle, C., Crum, R. M. and Ford, D. E. [Department of Epidemiology, Johns Hopkins University, Bloomberg School of Public Health, Baltimore, MD 21205]. "**Associations between spirituality and substance abuse symptoms in the Baltimore Epidemiologic Catchment Area follow-up, 1993-1996.**" *Journal of Addictive Diseases* 25, no. 4 (2006): 125-132.

[From the abstract:] Prior studies on substance abuse treatment programs have provided some evidence that participants who embrace some facet of spirituality during recovery may have greater success in maintaining sobriety. Several plausible associations exist between spirituality and sobriety; this paper posits that spirituality has consistently negative associations with substance abuse symptoms in models with 'substance abuse symptoms' as the outcome. The data come from the Baltimore Epidemiologic Catchment Area (ECA) study. In 1993, ECA researchers surveyed 1,920 of the original 3,841 participants, all household residents in East Baltimore. Multiple logistic regression analyses show that strong spiritual beliefs within this population are negatively associated with current substance abuse symptoms [OR = 0.53; 95%CI = 0.35-0.80,  $p = 0.002$ ]....

Craig, C., Weinert, C., Walton, J. and Derwinski-Robinson, B. [Oregon Health & Science University]. "**Spirituality, chronic illness, and rural life.**" *Journal of Holistic Nursing* 24, no. 1 (Mar 2006): 27-35. Comment on pp. 36-37.

[Abstract:] PURPOSE: The purpose of this article is to report the findings of an exploration of the associations among spirituality, hope, depression, social support, and well-being in rural dwelling people who have one or more chronic conditions. METHOD: A mail survey was completed by 111 rural-dwelling people with chronic illness in two rural western states. FINDINGS: Spirituality, hope, depression, and social support had overlapping influence on well-being, although spirituality was not shown to have an independent effect. Participants reported unexpectedly high levels of hope and low levels of depression despite living with chronic illness. CONCLUSIONS: Although spirituality did not have an independent effect, the group as a whole had active spiritual and religious lives, possibly influencing the high levels of hope and low levels of depression found. IMPLICATIONS: The positive picture of rural people with chronic illness needs further investigation for possible mitigating effects of spirituality on problems associated with chronic illness.

Curlin, F. A. [Section of General Internal Medicine, MacLean Center for Clinical Medical Ethics, Department of Medicine, University of Chicago, Chicago, IL; fcurlin@medicine.bsd.uchicago.edu]. "**Spirituality and lifestyle: what clinicians need to know.**" *Southern Medical Journal* 99, no. 10 (Oct 2006): 1170-1171.

This very brief overview is part of the journal's series of special sections on Spirituality & Medicine.

Curlin, F. A., Chin, M. H., Selligren, S. A., Roach, C. J. and Lantos, J. D. [Section of General Internal Medicine, The University of Chicago, IL 60637; fcurlin@medicine.bsd.uchicago.edu]. "**The association of physicians' religious characteristics with their attitudes and self-reported behaviors regarding religion and spirituality in the clinical encounter.**" *Medical Care* 44, no. 5 (May 2006): 446-453.

[Abstract:] CONTEXT: Controversy exists regarding whether and how physicians should address religion/spirituality (R/S) with patients. OBJECTIVE: This study examines the relationship between physicians' religious characteristics and their attitudes and self-reported behaviors regarding R/S in the clinical encounter. METHODS: A cross-sectional mailed survey of a stratified random sample of 2000 practicing U.S. physicians from all specialties. Main criterion variables were self-reported practices of R/S inquiry, dialogue regarding R/S issues, and prayer with patients. Main predictor variables were intrinsic religiosity, spirituality, and religious affiliation. RESULTS: Response rate was 63%. Almost all physicians (91%) say it is appropriate to discuss R/S issues if the patient brings them up, and 73% say that when R/S issues comes up they often or always encourage patients' own R/S beliefs and practices. Doctors are more divided about when it is appropriate for physicians to inquire regarding R/S (45% believe it is usually or always inappropriate), talk about their own religious beliefs or experiences (14% say

never, 43% say only when the patient asks), and pray with patients (17% say never, 53% say only when the patient asks). Physicians who identify themselves as more religious and more spiritual, particularly those who are Protestants, are significantly more likely to endorse and report each of the different ways of addressing R/S in the clinical encounter. CONCLUSIONS: Differences in physicians' religious and spiritual characteristics are associated with differing attitudes and behaviors regarding R/S in the clinical encounter. Discussions of the appropriateness of addressing R/S matters in the clinical encounter will need to grapple with these deeply rooted differences among physicians.

Curlin, F. A., Serrano, K. D., Baker, M. G., Carricaburu, S. L., Smucker, D. R. and Chin, M. H. [University of Chicago Department of Medicine, Section of General Internal Medicine; fcurlin@medicine.bsd.uchicago.edu]. **“Following the call: how providers make sense of their decisions to work in faith-based and secular urban community health centers.”** *Journal of Health Care for the Poor & Underserved* 17, no. 4 (Nov 2006): 944-957.

[Abstract:] We interviewed 49 health care providers from 6 faith-based and 4 secular community health centers (CHCs) to explore the ways they relate their religious commitments to practice among the underserved. Interviews were transcribed, coded, and analyzed for emergent themes through an iterative process of textual analysis. Providers in faith-based CHCs explained the decision to work in underserved settings as a response to a religious calling to medicine as a means of ministry, and by reference to particular benefits and freedoms of working with colleagues who share an explicitly faith-informed vision for care of the underserved. Most providers from secular CHCs explained their motivations in less religious terms by reference to intrinsic rewards such as “making a difference” for the underserved. Providers from both settings emphasized the frustrations and difficulties of meeting overwhelming demands with inadequate resources. In light of prior literature regarding work orientation, our findings suggest that CHCs may provide distinctive opportunities for intrinsically motivated providers to craft their work into a calling, where a calling is understood as a deeply felt motivation for work that goes beyond the satisfaction of the worker's material and social needs. Faith-based CHCs appear to provide a context that is attractive to some minority of providers who desire to enact a religious calling to ministry through the practice of medicine. Future studies are needed to test these hypotheses using quantitative methods and broader representative sampling.

Daaleman, T. P. and Kaufman, J. S. [Dept. of Family Medicine, Program on Aging, Disability, and Long-Term Care, Cecil G. Sheps Center for Health Services Research, Univ. of North Carolina at Chapel Hill, Campus Box 7595, Manning Drive, NC 27599-7595; tim\_daaleman@med.unc.edu]. **“Spirituality and depressive symptoms in primary care outpatients.”** *Southern Medical Journal* 99, no. 12 (Dec 2006): 1340-1344.

[Abstract:] BACKGROUND: Although many studies have examined the relationship between religiosity and depressive symptoms in patient populations, there has been little work to understand and measure the effect of spirituality on depressive symptoms. OBJECTIVE: The purpose of this study was to examine the association of spirituality and symptoms of depression in primary care outpatients. METHODS: A cross-sectional analysis was performed of a dataset using 509 primary care outpatients who participated in an instrument validity study in the Kansas City (US) area. Patients were administered the Zung Depression Scale (ZDS) and the Spirituality Index of Well-Being (SIWB) in the waiting area before or after their appointment. Bivariate and multivariate analyses were performed to determine the relationship between the factors of interest and depressive symptoms. RESULTS: In bivariate analyses, less insurance coverage ( $P < 0.01$ ) and greater spirituality ( $P < 0.01$ ) were associated with less reported depressive symptoms. In a model adjusted for covariates, spirituality ( $P < 0.01$ ) remained independently associated with less symptoms. CONCLUSION: Primary care outpatients who report greater spirituality are more likely to report less depressive symptoms.

Dalby, P. [East Sussex County Healthcare NHS Trust, Eastbourne, UK; padmaprabha.dalby@eastsussexcounty.nhs.uk]. **“Is there a process of spiritual change or development associated with ageing? A critical review of research.”** *Ageing & Mental Health* 10, no. 1 (Jan 2006): 4-12. Comment on pp. 1-3.

[Abstract:] This review considers whether research shows a process of spiritual change or development associated with ageing. Spirituality was understood as that which is central to a sense of meaning and purpose in an individual's life and pertains to the sacred or transcendent. Electronic literature searches were conducted to find research published 1985-2003 aimed at understanding spiritual change, themes and tasks in later life. A total of 13 studies were reviewed that looked at changes in spirituality over time, spiritual themes and tasks in a lifespan development context and Tornstam's [Tornstam, L. (1996). Gerotranscendence--a theory about maturing into old age. *Journal of Aging & Identity*, 1, 37-50] theory of gerotranscendence. The research reviewed suggested that some aspects of spirituality remain stable into old age but that there are identifiable spiritual tasks, needs and changes associated with ageing. Some common spiritual themes identified across the research were integrity, humanistic concern, changing relationships with others and concern for younger generations, relationship with a transcendent being or power, self transcendence, and coming to terms with death. These were not related to age per se, but to some of the challenges that age presents, and were mediated by cultural factors and individual differences. The findings and their limitations were discussed.

Dalmida, S. G. [Emory University, Nell Hodgson Woodruff School of Nursing, Atlanta, GA; sageorg@emory.edu]. **“Spirituality, mental health, physical health, and health-related quality of life among women with HIV/AIDS: integrating spirituality into mental health care.”** *Issues in Mental Health Nursing* 27, no. 2 (Feb-Mar 2006): 185-198.

[Abstract:] HIV-positive women have used spirituality as a resource to enhance their psychological well-being and health-related quality of life (HRQOL). The purpose of this article is to review the literature about depression among HIV-positive women and to describe the positive associations reported among spirituality, mental health, and HRQOL. This article also advocates the development and use of interventions integrated with spirituality. The incorporation of spirituality into traditional mental health practices can optimize healthcare for HIV-positive women who are diagnosed with depression. A case example is presented and spiritual implications are discussed. [50 references.]

Daly, C. [East Tennessee State University, Johnson City, TN; eutrapelia@gmail.com]. **“Ministering to patient and person.”** *Southern Medical Journal* 99, no. 6 (Jun 2006): 639-640.

This is a brief reflection by a chaplain, as part of the journal's series of special sections on Spirituality & Medicine.

Daly, C. C. [East Tennessee State University, Johnson City, TN; eutrapelia@gmail.com]. **“Saving face.”** *Southern Medical Journal* 99, no. 4 (Apr 2006): 412-413.

This is a comment on face transplantation, as part of one of the journal's special sections on Spirituality & Medicine.

- Darnell, J. S., Chang, C. H. and Calhoun, E. A. [School of Public Health, University of Illinois at Chicago, IL]. **“Knowledge about breast cancer and participation in a faith-based breast cancer program and other predictors of mammography screening among African American women and Latinas.”** *Health Promotion Practice* 7, no. 3, Supplement (Jul 2006): 201S-212S.  
 [Abstract:] This article assessed the impact of knowledge of breast cancer and type and intensity of participation in a church-based breast cancer education program and other factors on mammography screening among African Americans and Latinas. Logistic regression was used to assess the impact of these factors on self-reported mammography utilization. Passive participation in church-sponsored activities, measured by breast cancer information that was heard, seen, or read, was found to be significantly associated with the likelihood of mammography use among African Americans. Moreover, African Americans who reported hearing, seeing, or reading about mammograms at their churches four or more times were 15 times more likely to report mammography use within the past year than were those who encountered information only once. Messages from pastors and church bulletin announcements were the most significant predictors. An increase in knowledge was not associated with higher mammography use. For Latinas, none of the hypothesized knowledge or participation variables was found to be significant. The results suggest that faith-based breast cancer programs can be effective by adopting tailored strategies to raise awareness about the importance of early detection.
- Dervic, K., Grunebaum, M. F., Burke, A. K., Mann, J. J., Oquendo, M. A. [Department of Neuroscience, New York State Psychiatric Institute, and Columbia University, New York, NY 10032]. **“Protective factors against suicidal behavior in depressed adults reporting childhood abuse.”** *Journal of Nervous & Mental Disease* 194, no. 12 (Dec 2006): 971-974.  
 [Abstract:] Most previous studies compared suicidal behavior in subjects with and without a history of childhood abuse, whereas less attention was paid to the comparison of suicide attempters and nonattempters among subjects reporting childhood abuse. To identify risk and protective factors against suicidal behavior, we compared suicide attempters with nonattempters among the sample of 119 depressed inpatients who reported childhood abuse. Compared with nonattempters, suicide attempters were younger, had more self-rated depression severity and suicidal ideation, higher trait aggression and more cluster B personality disorder comorbidity, less coping potential, and fewer moral objections to suicide (MOS)/religious beliefs. Logistic regression showed that more severe suicidal ideation and fewer MOS/religious beliefs were associated with suicidal acts in subjects with reported childhood abuse. Furthermore, suicidal ideation and MOS/religious beliefs were significantly inversely correlated. The results of this clinical study add support to previous reports that religious/spiritual coping could serve as an additional resource in prevention of suicidal behavior for subjects with reported childhood abuse.
- Dervic, K., Oquendo, M. A., Currier, D., Grunebaum, M. F., Burke, A. K. and Mann, J. J. [Department of Neuroscience, Columbia University, New York]. **“Moral objections to suicide: Can they counteract suicidality in patients with cluster B psychopathology?”** *Journal of Clinical Psychiatry* 67, no. 4 (Apr 2006): 620-625.  
 [Abstract:] OBJECTIVE: Patients with cluster B personality disorder (CBPD) are particularly prone to suicidal behavior, yet possible protective mechanisms are not often studied. The present study investigated a possible protective role of moral objections to suicide (MOS) against suicidal behavior in patients with CBPD and current depression. The effect of MOS was then examined in relation to other mechanisms affecting suicide risk including trait aggressivity and the presence of effective coping strategies. METHOD: 147 depressed patients with comorbid CBPD (DSM-III-R) were compared with 210 depressed patients without CBPD in terms of their history of suicide attempts and clinical and demographic characteristics. The relationship of MOS to suicide attempt was examined by logistic regression controlling for demographic and clinical differences between the groups as well as presence of comorbid CBPD. Data were collected from 1990 to 2003. RESULTS: Subjects with comorbid CBPD had fewer MOS and reported more previous suicide attempts. In logistic regression, fewer MOS/religious beliefs, lower coping potential, and higher aggression level were associated with suicide attempt. A CBPD diagnosis did not affect the relationship between MOS and suicide attempts. CONCLUSIONS: The results of this study suggest that the presence of MOS/religious beliefs may have a protective effect against suicidal behavior in depressed patients with comorbid CBPD and may be a target for therapeutic intervention.
- de Silva, P. [Institute of Psychiatry, King's College, University of London, UK; P.DeSilva@iop.kcl.ac.uk]. **“The tsunami and its aftermath in Sri Lanka: explorations of a Buddhist perspective.”** *International Review of Psychiatry* 18, no. 3 (Jun 2006): 281-287.  
 [Abstract:] This paper discusses the tsunami disaster in Sri Lanka with special reference to Buddhism, which is the majority religion in the island. The role of religious beliefs and of religion in general in strengthening coping skills is well known. Buddhism, with its specific views on the human condition and its use of psychological strategies, is almost unique among world religions. The Buddhist responses to the tsunami have been discussed widely, if largely informally, in Sri Lanka, and many concepts and practices have been highlighted and focused on. This paper provides an overview of the relationship between culture and traumatic experiences, with a brief discussion of the role of religion in mental health. It then goes on to explore some relevant Buddhist concepts and practices which can be used in clinical settings.
- Devlin, H., Roberts, M., Okaya, A. and Xiong, Y. M. [Minnesota Department of Health in St. Paul, Minnesota, MN]. **“Our lives were healthier before: focus groups with African American, American Indian, Hispanic/Latino, and Hmong people with diabetes.”** *Health Promotion Practice* 7, no. 1 (Jan 2006): 47-55.  
 [From the abstract:] Focus groups were conducted to explore health-related beliefs and experiences of African American, Hispanic/Latino, American Indian, and Hmong people with diabetes and engage community members in improving diabetes care and education for these populations. Eighty participants attended 12 focus groups, 3 per population. Major themes were loss of health attributed to modern American lifestyles, lack of confidence in the medical system, and the importance of spirituality....
- Dobbs, D. J., Hanson, L., Zimmerman, S., Williams, C. S. and Munn, J. [School of Aging Studies, University of South Florida, Tampa, FL; ddobbs@cas.usf.edu]. **“Hospice attitudes among assisted living and nursing home administrators, and the long-term care hospice attitudes scale.”** *Journal of Palliative Medicine* 9, no. 6 (Dec 2006): 1388-1400.  
 This survey of residential care/assisted living (RC/AL) and nursing home (NH) administrators in Florida, Maryland, North Carolina, and New Jersey resulted in the 12-item Long-Term Care Hospice Attitudes Scale (LTC-HAS), with one component subscale being that of emotional & spiritual support (three items).

- Dobratz, M. C. [University of Washington, Tacoma, WA 98402; mdobratz@u.washington.edu]. **“Enriching the portrait: methodological triangulation of life-closing theory.”** *Advances in Nursing Science* 29, no. 3 (Jul-Sep 2006): 260-270.  
 [Abstract:] Some researchers promote a triangulated or multiple-methods approach in studies that examine complex human phenomenon. Nonetheless, problems abound in combining 2 dissimilar data sets from 2 different methodologies. One way that numerical and textual data can be merged is through a research method called statistical triangulation. The purpose of this article was to describe the statistical triangulation of a simultaneous, between-methods causal model and grounded theory investigation that explained psychological adaptation in dying persons. The statistical triangulation involved the analysis of selected patterns of dying from the grounded theory study with the variables used in the causal model investigation. A 1-way analysis of variance confirmed that the variables of social support, physical function, and religious preference impacted end-of-life patterns. Post hoc comparisons validated the conceptualization of 3 patterns of dying (becoming, anguishing/agonizing, avoiding) that emerged from the qualitative data. Although there are limitations to this analysis, statistical triangulation shows promise as a research method for enriching qualitative description.
- Doniger, G. M., Simon, E. S. and Zivotofsky, A. Z. [Department of Clinical Science, NeuroTrax Corporation, New York, NY]. **“Comprehensive computerized assessment of cognitive sequelae of a complete 12-16 hour fast.”** *Behavioral Neuroscience* 120, no. 4 (Aug 2006): 804-816.  
 [Abstract:] Food deprivation has been shown to deleteriously affect human cognition, but findings are equivocal, and few studies have examined several cognitive domains. In this study, the authors used computerized testing to describe the profile of shifts in cognition attributable to short-term religious fasting. Multiple cognitive domains were evaluated at midday and late afternoon following complete abstinence from eating and drinking beginning at midnight. Cross-domain, fasting-related deficits were found for tasks requiring perception of spatial relations. Fasting-related information processing deficits were found for response time but not accuracy for test levels of intermediate difficulty. Time-of-day effects often reflected poorer afternoon performance. These findings provide a detailed profile of cognitive consequences of food deprivation, affected by time of day, task demands, and type of outcome.
- Dratler, M. B., Burns, M. K. and Dratler, H. L. [Northwest Physicians Associates, 1012 Water Street, Meadville, PA 16335; bdralt@zoominternet.net]. **“Conveying adverse news in end-of-life situations.”** *Gastroenterology Clinics of North America* 35, no. 1 (Mar 2006): 41-52.  
 This article addresses Understanding the Role of Religion in End-of-Life situations on pp. 44-45 and notes religious issues *passim*. The authors also offer generalizations (which should be accepted cautiously) about cultural dynamics for African Americans, Hispanics, and Asians. [From the abstract:] It truly is an art to be able to delve into the minds and attitudes of individual patients to find a sensitive yet honest way to deliver adverse news. By taking into account some basic cultural and religious differences and observing individual differences in attitudes between different patients and families, the use of studied techniques for providing adverse news can be tailored to fit each patient's specific needs....
- Drescher, M. J. and Elstein, Y. [Hartford Hospital/University of Connecticut--Division of Emergency Medicine, Hartford Hospital, 80 Seymour Street, Hartford, CT 06110]. **“Prophylactic COX 2 inhibitor: an end to the Yom Kippur headache.”** *Headache* 46, no. 10 (Nov-Dec 2006): 1487-1491.  
 [Abstract:] INTRODUCTION: Religious fasting is associated with headache. This has been documented as "Yom Kippur Headache" and "First of Ramadan Headache." The Cox2 inhibitor, rofecoxib, has been reported effective in preventing perimenstrual migraine and in preventing recurrence of migraine. Given its 17 hour half-life, we undertook this study to see whether 50 mg rofecoxib taken just prior to the 25 hour Yom Kippur fast would be effective in preventing headache. METHODS: We performed a double-blind randomized prospective trial of rofecoxib 50 mg versus placebo, taken just prior to the onset of fasting, Yom Kippur 2004. Healthy adults aged 18 to 65 were enrolled from the community and from hospital staff. Subjects completed a demographic data form and questions regarding headache history and a post-fast survey on headache during the fast, headache intensity, general ease of fasting, and side effects. RESULTS: We sent out 170 forms of which 105 were completed and returned. Of those subjects receiving rofecoxib (n = 53), 10 or 18.9% versus 34 or 65.4% of the placebo group (n = 52) had headache at some point during the fast (P < .0001). Severity of headache in the treatment group was significantly less for the treatment group (3.45 vs 6.29 on a visual analog scale of 10 (P= .009)). None of those receiving rofecoxib reported a "more difficult than usual fast" whereas the distribution of difficult to easy fast among the placebo group was more even. CONCLUSION: Rofecoxib 50 mg taken prior to a 25-hour ritual fast prevents and attenuates fasting headache.
- D'Souza, R. and George, K. [Northern Psychiatry Research Centre, Northern Area Mental Health, Senior Research Fellow, Melbourne University, Melbourne, Vic, Australia; rdsouza1@bigpond.net.au]. **“Spirituality, religion and psychiatry: its application to clinical practice.”** *Australasian Psychiatry* 14, no. 4 (Dec 2006): 408-412.  
 [Abstract:] OBJECTIVE: Based on evidence obtained from recent Australian psychiatric patient surveys, a need to include the spiritual and religious dimension of patients in their psychiatric care has been identified. This paper aims to review the evidence for this need and to suggest the parameters in which this dimension might be applied. METHODS: The phenomenology of spirituality and its relevance to psychiatry is considered, the concept of the psychiatrist and the clinician as a healer visited, and the evidence for the need for spirituality and religiosity for patients examined. RESULTS: Patients' spiritual needs should be addressed at different levels. Using previous data and experience, the authors suggest what psychiatrists might and might not do, in order that these issues are attended to in an ethical and sensitive manner. CONCLUSIONS: In considering the spiritual dimension of the patient, the psychiatrist is able to send an important message that he or she is concerned with the whole person, a message that enhances the patient-physician relationship. This, in turn, is likely to increase the therapeutic impact of psychiatrists' interventions.
- Duffy, S., Jackson, F., Schim, S., Ronis, D. and Fowler, K. [Ann Arbor Veterans Affairs Hospital, Center for Practice Management and Outcomes Research, University of Michigan, Department of Otolaryngology]. **“Cultural concepts at the end of life.”** *Nursing Older People* 18, no. 8 (Sep 2006): 10-14.  
 This review article looks at cultural and religious dynamics affecting nursing interventions in end-of-life care, including factors influencing decisions (with an exercise on p. 12 of nine key choices that may confront patients about end-of-life care).
- Duncan, J., Joselow, M. and Hilden, J. M. [Pediatric Advanced Care Team, Children's Hospital Boston and Dana-Farber Cancer Institute, 44 Binney Street, Dana 3, Boston, MA 02115; janet.duncan@childrens.harvard.edu]. **“Program interventions for**



**children at the end of life and their siblings.”** *Child & Adolescent Psychiatric Clinics of North America* 15, no. 3 (Jul 2006): 739-758.

[Abstract:] An analogy may be drawn between readying a family for the birth of a child and readying a family for the death of a child. Both experiences bring about an intense fusion of the emotional, physical, and spiritual realms for those bearing witness. Preparation, communication, and collaboration are essential to provide optimal support for the children at the end of life, the parents, and the brothers and sisters.

Dupre, M. E., Franzese, A. T. and Parrado, E. A. [Carolina Population Center, University of North Carolina at Chapel Hill; mdupre@unc.edu]. **“Religious attendance and mortality: implications for the black-white mortality crossover.”** *Demography* 43, no. 1 (Feb 2006):141-164.

[Abstract:] This study investigates the relationships among religious attendance, mortality, and the black-white mortality crossover. We build on prior research by examining the link between attendance and mortality while testing whether religious involvement captures an important source of population heterogeneity that contributes to a crossover Using data from the Established Populations for Epidemiologic Studies of the Elderly, we find a strong negative association between attendance and mortality. Our results also show evidence of a racial crossover in mortality rates for both men and women. When religious attendance is modeled in terms of differential frailty, clear gender differences emerge. For women, the effect of attendance is race- and age-dependent, modifying the age at crossover by 10 years. For men, however; the effect of attendance is not related to race and does not alter the crossover pattern. When other health risks are modeled in terms of differential frailty, we find neither race nor age-related effects. Overall, the results highlight the importance of considering religious attendance when examining racial and gender differences in age-specific mortality rates.

Easom, L. R. [Macon State College, School of Nursing, 100 College Station Drive, Macon, GA 31206; rgeasom@bellsouth.net]. **“Prayer: folk home remedy vs. spiritual practice.”** *Journal of Cultural Diversity* 13, no. 3 (2006): 146-151.

[Abstract:] A multidisciplinary review of the literature reveals that prayer, in a multicultural context, may be viewed as both a folk home remedy and a practice of spirituality. Understanding cultural differences and similarities of the use of prayer as a variable for health promotion may have implications for tailoring treatment approaches to eliminate disparities in providing care to clients of diverse cultural backgrounds. This paper presents these similarities and differences within the cultural beliefs of the White, African-American, and Hispanic populations. [43 references.]

Edmonston, C. **“The upside of cancer--a personal account of embracing life with cancer.”** *Complementary Therapies in Clinical Practice* 12, no. 4 (Nov 2006): 268-271.

[Abstract:] Carol Edmonston was first diagnosed with breast cancer in 1995. After a lumpectomy and 6 weeks of daily radiation therapy she continued living a full life. Exactly 2 years later she was diagnosed with an unrelated cancer in her other breast following a routine mammogram. She had a lumpectomy, along with lymph node dissection, followed by 6 weeks of daily radiation therapy. Upon completion, she took Tamoxifen for 5 years and is currently cancer free, enjoying a full and rich life. The following story offers a unique insight into one person's spiritual adventure through cancer and the personal transformation that followed using "Doodling" as a therapeutic tool.

Elizabeth Jesse, D., Graham, M. and Swanson, M. [East Carolina University, Greenville, NC 27858; jessed@mail.ecu.edu]. **“Psychosocial and spiritual factors associated with smoking and substance use during pregnancy in African American and White low-income women.”** *JOGNN - Journal of Obstetric, Gynecologic, & Neonatal Nursing* 35, no. 1 (Jan-Feb 2006): 68-77. [NOTE: The principal author's surname is indexed in Medline as *Elizabeth Jesse*, but her own academic webpage at ECU clearly indicates that her surname is simply *Jesse*.]

[From the abstract:] OBJECTIVE: To determine the associations between sociodemographic, psychosocial, and spiritual factors to health risk behaviors during pregnancy in African American and White low-income women. DESIGN: Descriptive, using prenatal interviews and medical record review as data sources. SETTING: An urban prenatal clinic in the Midwestern United States. PARTICIPANTS: One hundred thirty ethnically diverse low-income women. MAIN OUTCOME MEASURES: Smoking and substance use in pregnancy. RESULTS: For the total sample, 39% reported smoking and 28% reported substance use in pregnancy. Significant predictors of smoking were White race, less than high school education, abuse, and religiosity.... CONCLUSION: Integrating social support and stress-relieving activities in smoking cessation interventions, particularly for African American women, may reduce health risk behaviors, eliminate health disparities, and improve maternal and infant quality of life.

Ellington, L., Wahab, S., Sahami Martin, S., Field, R. and Mooney, K. H. [College of Nursing, University of Utah, 10 South 2000 East, Salt Lake City, UT 84112-5850; lee.ellington@nurs.utah.edu]. **“Factors that influence Spanish- and English-speaking participants' decision to enroll in cancer randomized clinical trials.”** *Psycho-Oncology* 15, no. 4 (Apr 2006): 273-284.

[From the abstract:] ...Eight focus groups were conducted with 55 participants (25 Spanish and 30 English-speaking). ...Six major themes emerged: patient-provider communication, personal relationship with provider, involvement of significant others in decision making, role of faith, need for information, and impact of discrimination on decision making. Both similarities (e.g. need for comprehensive information) and differences (e.g. need for provider acknowledgement of emotional and spiritual concerns) were found between Spanish- and English-speaking participants....

Erde, E., Pomerantz, S. C., Saccocci, M., Kramer-Feeley, V. and Cavalieri, T. A. [Department of Medicine, School of Osteopathic Medicine, University of Medicine and Dentistry of New Jersey, University Doctors Pavilion Suite 3100, 42 East Laurel Road, Stratford, NJ 08084]. **“Privacy and patient-clergy access: perspectives of patients admitted to hospital.”** *Journal of Medical Ethics* 32, no. 7 (Jul 2006): 398-402.

[Abstract:] BACKGROUND: For patients admitted to hospital both pastoral care and privacy or confidentiality are important. Rules related to each have come into conflict recently in the US. Federal laws and other rules protect confidentiality in ways that countermand hospitals' methods for facilitating access to pastoral care. This leads to conflicts and poses an unusual type of dilemma-one of conflicting values and rights. As interests are elements necessary for establishing rights, it is important to explore patients' interests in privacy compared with their desire for attention from a cleric. AIM: To assess the willingness of patients to have their names and rooms included on a list by religion, having that information given to clergy without their consent, their sense of privacy violation if that were done and their views about patients'

privacy rights. Methods and PARTICIPANTS: 179 patients, aged 18-92 years, admitted to hospital in an acute care setting, were interviewed and asked about their preferences for confidentiality and pastoral support. RESULTS: Most (57%) patients did not want to be listed by religion; 58% did not think hospitals should give lists to clergy without their consent and 84% welcomed a visit by their own clergy even if triggered from a hospital list. CONCLUSIONS: Values related to confidentiality or privacy and pastoral care were found to be inconsistent and more complicated than expected. Balancing the right to privacy and the value of religious support continue to present a challenge for hospitals. Patients' preferences support the importance of providing balance in a way that protects rights while offering comprehensive services. [This study has been reviewed on the website of the Research Network of the Association for Clinical Pastoral Education at [www.ACPEresearch.net](http://www.ACPEresearch.net) --see the site's August 2006 Article-of-the-Month page.]

Etnyre, A., Rauschhuber, M., Gilliland, I., Cook, J., Mahon, M., Allwein, D., Sethness, R., Lowry, J. and Jones, M. E. [University of the Incarnate Word, San Antonio, TX]. **“Cardiovascular risk among older Hispanic women: a pilot study.”** *AAOHN Journal [American Association of Occupational Health Nurses]* 54, no. 3 (Mar 2006): 120-128.

[From the abstract:] This study used a descriptive correlational design to describe the relationship between cardiovascular risk and anxiety, spirituality, acculturation, and the objective indices of cardiac risk among a sample of 21 adult Hispanic women. Objective indices of risk included weight, blood pressure, blood lipids, and glucose. Four survey instruments were used to assess anxiety, spirituality, acculturation, and perceived risk. Findings revealed that all study participants had 3 or more risk factors, placing them in the moderate risk category for developing heart disease or having a heart attack within 10 years. State and trait anxiety scores were lower than the normative samples for adult women. Spirituality scores were higher than average; individuals with higher anxiety scores had lower spirituality scores....

Evans, J. H. [University of California, San Diego]. **“Religious belief, perceptions of human suffering, and support for reproductive genetic technology.”** *Journal of Health Politics, Policy & Law* 31, no. 6 (Dec 2006): 1047-1074.

[Abstract:] Reproductive genetic technologies are becoming more controversial as they become more ubiquitous. The opponents of these technologies are largely religious groups, a fact that leads to the question of why religious groups would be more opposed to these technologies than others. Since all of these technologies are justified by their ability to relieve suffering of some kind, it is hypothesized that the actively religious have a notion of suffering different from that of advocates for these technologies, and this different notion of suffering leads to opposition to the technologies. In this article I report on a qualitative interview study of the religiously active in the United States. I find that the religiously active do have views of suffering that are distinct from the medical consensus, and these views are related to people's conclusions about the advisability of reproductive genetic technologies.

Faull, K. and Hills, M. D. [Queen Elizabeth Hospital, Rotorua, New Zealand]. **“The role of the spiritual dimension of the self as the prime determinant of health.”** *Disability & Rehabilitation* 28, no. 11 (Jun 15, 2006): 729-740.

[Abstract:] PURPOSE: To present a clinical commentary on the relationship of spirituality to healthcare for those with chronic physical conditions. METHOD: A spiritually based theory of self-identity was presented, based on selected literature to identify the process of health attainment for those with chronic conditions. The resultant Health Change Process Theory was then discussed in relation to relevant empirical research and the implications for rehabilitation practice were outlined. RESULTS: The development of a resilient, intrinsic, spiritually based concept of self was found to be pivotal to health outcomes in rehabilitation. This was then incorporated within a Health Change Process Theory to explain and predict the course followed by people with chronic disorders to achieve health. CONCLUSION: The Health Change Process Theory provides an inclusive framework within which acute and chronic rehabilitation healthcare can be merged to maximize health outcomes. Nevertheless, a need remains to develop a quantitative measure of individual holistic health, based on this theory, to facilitate its use in rehabilitation practice. This paper forwards an explanation for the process that people experiencing chronic physical disabilities undergo as they achieve health. A concept of self that identifies the spiritual core as the component that determines the constancy and continuity of self as a whole which is necessary for health is presented as the basis of the rehabilitative health process.

Fenix, J. B., Cherlin, E. J., Prigerson, H. G., Johnson-Hurzeler, R., Kasl, S. V. and Bradley, E. H. [Department of Epidemiology and Public Health, Yale School of Medicine, New Haven, CT]. **“Religiousness and major depression among bereaved family caregivers: a 13-month follow-up study.”** *Journal of Palliative Care* 22, no. 4 (2006): 286-292.

[From the abstract:] ...A prospective longitudinal study of primary caregivers of consecutive patients (n = 175) with cancer enrolled in the largest hospice in Connecticut. RESULTS: Caregivers with a high religiousness summary score were significantly less likely to have MDD at the 13-month follow-up interview (OR = 0.79, 95% CI: 0.68-0.91). This finding remained significant (OR = 0.74, 95% CI: 0.59-0.91) after adjustment for caregiver MDD at baseline, caregiver age, caregiver burden, and number of activities restricted due to caregiving roles. CONCLUSIONS: Family caregivers who reported greater religiousness at baseline had lower rates of depression in the 13-month follow up after their loss. Collaboration with religious support groups or community groups during bereavement could offer an effective mechanism for speeding the process of recovery for some caregivers.

Ferrell, B. R. [Department of Nursing Research and Education, City of Hope National Medical Center, Duarte, CA; [bferrell@coh.org](mailto:bferrell@coh.org)]. **“Understanding the moral distress of nurses witnessing medically futile care.”** *Oncology Nursing Forum* 33, no. 5 (Sep 2006): 922-930.

[From the abstract:] ...DATA SOURCES: Literature related to moral distress and futility; analysis of narratives written by 108 nurses attending one of two national continuing education courses on end-of-life care regarding their experiences in the area. DATA SYNTHESIS: Nurses were invited to share a clinical situation in which they experienced moral distress related to a patient receiving care that they considered futile. Nurses described clinical situations across care settings, with the most common conflict being that aggressive care denies palliative care. Conflicts regarding code status, life support, and nutrition also were common. Patients with cancer were involved quite often, second only to geriatric patients and patients with dementia. The instances created strong emotional responses from nurses, including feeling the need for patient advocacy and that futile care was violent and cruel. Important spiritual and religious factors were cited as influencing the clinical experiences....

Flannelly, K. J. and Galek, K. [The HealthCare Chaplaincy, New York; [Kflannelly@healthcarechaplaincy.org](mailto:Kflannelly@healthcarechaplaincy.org)]. **“Discipline and sex differences in religiosity and spirituality among health care professionals.”** *Psychological Reports* 99, no. 3 (Dec 2006): 803-804.

[Abstract:] Significant discipline and sex differences were found among random samples of hospital chaplains, nurses, physicians, and social workers who were asked to rate their religiosity and spirituality. Chaplains were significantly higher and physicians were significantly lower than other disciplines in religiosity. Spirituality was higher than religiosity for all disciplines. Overall, women rated themselves higher on spirituality than men.

Flannelly, K. J., Galek, K. and Flannelly, L. T. [HealthCare Chaplaincy, New York, NY; kflannelly@healthcarechaplaincy.org]. “**A test of the factor structure of the Patient Spiritual Needs Assessment Scale.**” *Holistic Nursing Practice* 20, no. 4 (Jul-Aug 2006): 187-190.

[Abstract:] Factor analysis was conducted on the responses of 683 individuals who completed a 24-item version of the Patient Spiritual Needs Assessment Scale. The results provided strong support for 4 of the 6 dimensions of spiritual needs and weaker support for one of the others. The 6 dimensions were appreciation of art and beauty, meaning and purpose, love and belonging, death/resolution, positivity/gratitude/hope/peace, and the Divine. The coherence of the dimensions is discussed in the context of the scale's intended application.

Flannelly, K. J., Handzo, G. F., Galek, K., Weaver, A. J. and Overvold, J. A. [The HealthCare Chaplaincy, 307 East 60th Street, New York, NY]. “**A national survey of hospital directors' views about the importance of various chaplain roles: differences among disciplines and types of hospitals.**” *The Journal of Pastoral Care & Counseling: JPCC* 60, no. 3 (2006): 213-225.

[Abstract:] A national random sample of hospital directors was asked to rate the importance of seven categories of chaplain roles and functions: 246 nursing directors, 267 social services directors, 307 medical directors, and 611 pastoral care directors. All four groups rated end-of-life care, prayer, and emotional support as being between very important and extremely important. Other roles, including consultation, advocacy, community outreach, and religious services and rituals were rated significantly less important. Significant differences were found across disciplines and hospital settings (general, psychiatric, etc.). Medical directors rated most chaplain roles lower than other directors did, and directors in psychiatric hospitals rated all roles, except religious services/rituals, lower than their counterparts in other types of hospitals. The importance that directors accorded to all the chaplain roles examined was also influenced by their own spirituality and religiosity, as well as the religious affiliation of their institution.

Flannelly, K. J., Koenig, H. G., Ellison, C. G., Galek, K. and Krause, N. [The HealthCare Chaplaincy, New York, NY]. “**Belief in life after death and mental health: findings from a national survey.**” *Journal of Nervous & Mental Disease* 194, no. 7 (Jul 2006): 524-529.

[Abstract:] The present study examined the association between belief in life after death and six measures of psychiatric symptomology in a national sample of 1403 adult Americans. A statistically significant inverse relationship was found between belief in life after death and symptom severity on all six symptom clusters that were examined (i.e., anxiety, depression, obsession-compulsion, paranoia, phobia, and somatization) after controlling for demographic and other variables (e.g., stress and social support) that are known to influence mental health. No significant association was found between the frequency of attending religious services and any of the mental health measures. The results are discussed in terms of the potentially salubrious effects of religious belief systems on mental health. These findings suggest that it may be more valuable to focus on religious beliefs than on religious practices and behaviors in research on religion and mental health.

Flattery, M. P., Salyer, J., Maltby, M. C., Joyner, P. L. and Elswick, R. K. [Virginia Commonwealth University Health System, Richmond, VA]. “**Lifestyle and health status differ over time in long-term heart transplant recipients.**” *Progress in Transplantation* 16, no. 3 (Sep 2006): 232-238.

Among the findings of this study of 126 heart transplant patients [from the abstract:] Most often reported lifestyle attributes were spiritual growth and interpersonal relationships. Least often reported was physical activity....

Fochtman, D. [Kapiolani Medical Center for Women and Children, Honolulu, HI 96826; diannef@kapiolani.org]. “**The concept of suffering in children and adolescents with cancer.**” *Journal of Pediatric Oncology Nursing* 23, no. 2 (Mar-Apr 2006): 92-102.

The author notes at a number of points that suffering includes a spiritual component, and she considers briefly how suffering is understood by many patients through--and in terms of--religious tradition. As, no doubt, a function of the authors work in Hawaii, she is quite sensitive to the issue in an Asian context. [From the abstract:] An analysis of the concept of suffering is presented. Suffering needs to be defined and measured by self-report (as opposed to parent or staff report) to gain an accurate, complete holistic picture of the nature and scope of the child's and adolescent's suffering. Knowledge of how children and adolescents experience suffering would enable practitioners to design interventions to prevent or ameliorate this suffering. [93 refs.]

Ford, T. [Department of Pastoral Care, Virginia Commonwealth University; chaplainford@fastmail.fm]. “**Interacting with patients of a different faith: the personal reflection of a Buddhist chaplain.**” *Southern Medical Journal* 99, no. 6 (Jun 2006): 658-659. This is a brief reflection by a Buddhist chaplain, as part of the journal's series of special sections on Spirituality & Medicine.

Ford, T. and Tartaglia, A. [Department of Pastoral Care, Program in Patient Counseling, Virginia Commonwealth University Health System, Richmond, VA; chaplainford@fastmail.fm]. “**The development, status, and future of healthcare chaplaincy.**” *Southern Medical Journal* 99, no. 6 (Jun 2006): 675-679.

[Abstract:] This review article provides insight into the evolution of professional healthcare chaplaincy. It identifies key historical developments identifying the training, qualifications, and competencies of chaplains. Consideration is given to both the unique character of the pastoral role in healthcare as well as the contribution of chaplains to the interdisciplinary care of patients and families. The article points to the emerging need for chaplains to pursue research within the clinical context.

Foster, E. [Macmillan Palliative Care Team, N.E. Lincs. Primary Care Trust, St. Andrews Hospice, Peaks Lane, Grimsby DN32 9RP, UK; liz.foster@nelcpct.nhs.uk]. “**The spiritual encounter within a complementary therapy treatment.**” *Complementary Therapies in Clinical Practice* 12, no. 2 (May 2006): 163-169.

[From the abstract:] ...The concept of spirituality and the delivery of a therapy have a certain synergy as they both espouse a view of the world that recognizes the importance of the whole person. ...This article is an exploration of how spirituality and complementary therapies can legitimately work together, creating a sacred space for both therapist and client. 41 references.

- Freyer, D. R., Kuperberg, A., Sterken, D. J., Pastyrnak, S. L., Hudson, D. and Richards, T. [Division of Hematology/Oncology/Bone Marrow Transplantation, DeVos Children's Hospital, Grand Rapids, MI; david.freyer@spectrum-health.org]. **"Multidisciplinary care of the dying adolescent."** *Child & Adolescent Psychiatric Clinics of North America* 15, no. 3 (Jul 2006): 693-715.  
This article addresses the make-up and dynamics of a multidisciplinary care team, including a chaplain, for dying adolescents. [66 references.]
- Frick, E., Riedner, C., Fegg, M. J., Hauf, S. and Borasio, G. D. [Department of Psychotherapy and Psychosomatics, Psychiatric Clinic, University of Munich, Munich, Germany; frick@psychoonkologie.org]. **"A clinical interview assessing cancer patients' spiritual needs and preferences."** *European Journal of Cancer Care* 15, no. 3 (Jul 2006): 238-243.  
[Abstract:] We conducted a phase-I study to test the practicability and usefulness of a short (15-30 min) clinical interview for the assessment of cancer patients' spiritual needs and preferences. Physicians assessed the spirituality of their patients using the semi-structured interview SPIR. The interview focuses on the meaning and effect of spirituality in the patient's life and coping system. Visual Analogue Scales (VAS) and Questionnaires were completed following the interview for rating whether SPIR had been helpful or distressing, and to what extent spirituality seemed important in the patient's life and in coping with cancer disease. Thirty oncological outpatients who all agreed to participate were included. The majority wanted their doctor to be interested in their spiritual orientation. Patients and interviewing physicians evaluated the SPIR interview as helpful (patients mean 6.76 +/- 2.5, physicians 7.31 +/- 1.9, scale from 0 to 10) and non-distressing (patients 1.29 +/- 2.5, physicians 1.15 +/- 1.3, scale from 0 to 10). Following the interview, doctors were able to correctly gauge the importance of spirituality for their patients. Patients who considered the interview as very helpful (VAS > 7) were more often female (P = 0.002). There were no differences between patients who evaluated the SPIR as very helpful and those who did not, as far as diagnosis, educational level or belonging to a religious community were concerned. The present study shows that a short clinical assessment of cancer patients' spirituality is well received by both patients and physicians. The SPIR interview may be a helpful tool for addressing the spiritual domain, planning referrals and ultimately strengthening the patient-physician relationship.
- Fuller, R. C. [Bradley University in Peoria, IL]. **"American psychology and the religious imagination."** *Journal of the History of the Behavioral Sciences* 42, no. 3 (2006): 221-235.  
[Abstract:] In just three generations, American psychology grew from a fledgling science to a culturally authoritative discipline. Standard accounts of psychology's meteoric rise typically omit what most needs to be illuminated: the resonance between psychological theory and the symbolic universe underlying America's popular religious imagination. This article sketches a cultural history of American psychology by examining how many of its core concepts invoke a metaphysical horizon associated with the nation's heritage of unchurched spirituality.
- Galanter, M. [New York University School of Medicine, 550 First Avenue, New York, NY 10016; marcgalanter@nyu.edu]. **"Innovations: alcohol & drug abuse: spirituality in Alcoholics Anonymous: a valuable adjunct to psychiatric services."** *Psychiatric Services* 57, no. 3 (Mar 2006): 307-309.  
[Abstract:] Alcoholics Anonymous (AA) is described as a spiritual fellowship by many of its members, but its spiritual orientation needs to be better understood by clinicians and researchers. Spirituality is a latent construct, one that is inferred from multiple component dimensions, such as social psychology, neurophysiology, and treatment outcome research. Mechanisms related to its role in promotion of recovery in AA are discussed from the perspective of these findings, along with related options for professionally grounded treatment, such as Twelve-Step Facilitation. This discussion illustrates the importance of further research on AA and spirituality and of employing them in the provision of psychiatric services.
- Galanter, M. [Division of Alcoholism and Drug Abuse, NYU School of Medicine, New York, NY]. **"Spirituality and addiction: a research and clinical perspective."** *American Journal on Addictions* 15, no. 4 (Jul-Aug 2006): 286-292.  
[Abstract:] Spirituality is a construct that has recently gained currency among clinicians because of its close association with twelve-step modalities and its perceived role in the promotion of meaningfulness in recovery from addiction. This article draws on studies from physiology, psychology, and cross-cultural sources to examine its nature and its relationship to substance use disorders. Illustrations of its potential and limitations as a component of treatment in spiritually oriented recovery movements like Alcoholics Anonymous, meditative practices, and treatment systems for the dually diagnosed are given.
- Gall, T. L. [Saint Paul University, 223 Main Street, Ottawa, Ontario K1S 1C4, Canada]. **"Spirituality and coping with life stress among adult survivors of childhood sexual abuse."** *Child Abuse & Neglect* 30, no. 7 (Jul 2006): 829-844.  
[Abstract:] OBJECTIVE: The purpose of this study was to explore the role of spiritual coping in adult survivors' responses to current life stressors. Although there has been research on general coping and adult survivors of childhood sexual abuse (CSA), there has been no work done on spiritual coping behavior and survivors' current adjustment. METHOD: One hundred and one adult survivors of childhood sexual abuse volunteered to participate in this study. Survivors were recruited through advertisements placed in various community venues. Survivors completed questionnaires on abuse descriptors, the coping resources of social support and general cognitive appraisal, spiritual coping and current distress. Spiritual coping was assessed in relation to a current negative life event. RESULTS: In general, spiritual coping predicted the current distress of adult survivors beyond the contribution of demographics, severity of abuse, cognitive appraisal and support satisfaction. For example, self-directed (beta=.27), active surrender (beta=.32), and passive deferral (beta=-.35) significantly contributed to the prediction of anxious mood, [F(15, 60)=3.31, p<.0001], while only spiritual discontent (beta=.26) predicted depressive mood, [F(15, 60)=3.66, p<.0001] beyond the contribution of other factors. Negative forms of spiritual coping (e.g., spiritual discontent) tend to be related to greater distress, while more positive forms of spiritual coping (e.g., spiritual support) were related to less distress. For instance, spiritual discontent coping was related to greater depressive mood, while active surrender coping and religious forgiveness coping (i.e., seeking God's help to relinquish negative emotion) were associated with lower levels of depressive mood. CONCLUSIONS: The results highlight the importance of making a distinction between negative and positive forms of spiritual coping when investigating the role of spirituality in the current life functioning of adult survivors of childhood sexual abuse.
- Ganzini, L., Beer, T. M. and Brouns, M. C. [Department of Psychiatry, Oregon Health & Science University, Portland VA Medical Center, 97207]. **"Views on physician-assisted suicide among family members of Oregon cancer patients."** *Journal of Pain & Symptom Management* 32, no. 3 (Sep 2006): 230-236.

[Abstract:] Ninety-eight Oregonians with advanced cancer and their family members participated in a cross-sectional survey to understand agreement in views on physician-assisted suicide (PAS), which was a legal option for these patients. Half of the family members would support the patient's request for PAS, 30% would oppose it, and 19% were undecided. Low religiousness and the family member's personal health concerns were associated with increasing support by the family member for PAS for the patient. Family members were able to predict patients' political views on legalized PAS, and there was moderately high agreement among family members on political views. Family members, however, were not knowledgeable about patients' interest in PAS for themselves, and there was low agreement among dyads on whether they had discussed this issue. Improved knowledge of patient-based barriers to discussing PAS may facilitate interventions for psychosocial distress in cancer patients.

- Garland, B. **"Spirituality and health: what your doctor needs to know."** *Southern Medical Journal* 99, no. 12 (Dec 2006): 1411.  
This Patient's Page is a handout--part the journal's series of special sections on Spirituality & Medicine--about talking with one's physician about spirituality/religion, plus a box on the relationship between religion and depression.
- Gaskamp, C., Sutter, R., Meraviglia, M., Adams, S. and Titler, M. G. [University of Texas at Austin, School of Nursing, Austin, TX]. **"Evidence-based guideline: Promoting spirituality in the older adult."** *Journal of Gerontological Nursing* 32, no. 11 (Nov 2006): 8-13.  
This review looks particularly at assessment issues and nursing practices that may promote spirituality. [80 references.]
- Geiderman, J. M., Moskop, J. C. and Derse, A. R. [Department of Emergency Medicine, Cedars-Sinai Medical Center, Los Angeles, CA 90048; Geiderman@cshs.org]. **"Privacy and confidentiality in emergency medicine: obligations and challenges."** *Emergency Medicine Clinics of North America* 24, no. 3 (Aug 2006): 633-656.  
The article is a general consideration of privacy and confidentiality in medical practice, specifically in emergency medicine. The authors address on p. 636 the Religious Foundations of Privacy and Confidentiality. [68 references.]
- Gerber, C. J. **"A physician CEO looks at Clinical Pastoral Education."** *Southern Medical Journal* 99, no. 6 (Jun 2006): 641-642.  
This is a brief reflection, as part of the journal's series of special sections on Spirituality & Medicine.
- Gillum, R. F. [Centers for Disease Control and Prevention, Hyattsville, MD; rfg2@cdc.gov]. **"Frequency of attendance at religious services and leisure-time physical activity in American women and men: the Third National Health and Nutrition Examination Survey."** *Annals of Behavioral Medicine* 31, no. 1 (Feb 2006): 30-35.  
[Abstract:] BACKGROUND: Studies are lacking from representative samples of total populations and Hispanic Americans on the association of religiousness and leisure time physical activity (LTPA). PURPOSE: The objective is to test the hypothesis that frequency of attendance at religious services is positively associated with LTPA. METHODS: The Third National Health and Nutrition Examination Survey (NHANES III) included 11,820 persons 20 years of age and older with complete data on self-reported frequency of attendance at religious services, LTPA, and mobility limitation. RESULTS: Among older women with no mobility limitation, infrequent attenders had significantly higher prevalence of no LTPA (odds ratio = 1.4; 95% confidence interval = 1.1, 1.9; p = .02), but infrequent attenders were not significantly different from others in prevalence of moderate or vigorous LTPA 5 or more times per week after adjustment for sociodemographic variables and health status. No significant associations were seen at 20 to 59 years of age or in men. CONCLUSIONS: In older women without mobility limitation, less than weekly attendance at religious services was associated with greater prevalence of no LTPA even after controlling for health status. Significant adjusted associations were not seen in men or younger women.
- Gillum, R. F. [Centers for Disease Control and Prevention, Hyattsville, MD 20782; rfg2@cdc.gov]. **"Frequency of attendance at religious services, overweight, and obesity in American women and men: the Third National Health and Nutrition Examination Survey."** *Annals of Epidemiology* 16, no. 9 (Sep 1006): 655-660.  
[Abstract:] PURPOSE: Few data have been published on the association of overweight and obesity and indices of religiousness, a putative protective factor for cardiovascular morbidity and mortality, in representative samples of multiethnic total populations. METHODS: To test the hypothesis that frequency of attendance at religious services is unrelated to the prevalence of overweight and obesity, the following data from American men and women aged 20 years and older (N = 16,657) in a cross-sectional survey of a large national sample, the Third National Health and Nutrition Examination Survey, were analyzed: self-reported frequency of attendance at religious services, cigarette smoking, health status, sociodemographic variables, and measured body mass index (BMI). RESULTS: In persons 20 years and older, 58% of frequent attenders (> or = 52 times/y) and 53% of others were overweight or obese (BMI > or = 25 kg/m<sup>2</sup>). After stratifying to eliminate interactions in a logistic regression model and controlling for sociodemographics, smoking, and health status, no significant association was seen in European-American women overall. In all others, the significant positive associations of frequency of attendance and overweight could be explained by these other variables (fully adjusted odds ratio, 1.16; 95% confidence interval, 0.98-1.36; p = 0.08). The same was true for obesity (BMI > or = 30 kg/m<sup>2</sup>). CONCLUSION: In a national sample of the US population, the prevalence of overweight or obesity is greater in self-reported frequent attenders of religious services than in others, but the association was explained by controlling for multiple sociodemographic and health variables.
- Gillum, R. F. and Ingram, D. D. [National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Hyattsville, MD 20782; rfg2@cdc.gov]. **"Frequency of attendance at religious services, hypertension, and blood pressure: the Third National Health and Nutrition Examination Survey."** *Psychosomatic Medicine* 68, no. 3 (May-Jun 2006): 382-385.  
[Abstract:] OBJECTIVE: To test the hypothesis that frequency of attendance at religious services is inversely related to prevalence of hypertension and blood pressure level. METHODS: In the Third National Health and Nutrition Examination Survey (NHANES III), 14,475 American women and men aged 20 years and over reported frequency of attendance at religious services, history of hypertension treatment, and had blood pressure (BP) measured. RESULTS: The percentage reporting attending religious services weekly (52 times/yr) was 29 and more than weekly (>52 times/yr) was 10. Prevalence of hypertension (systolic BP > or = 140 or diastolic BP > or = 90 mm Hg or current use of blood pressure medication) was 21% in never at attenders, 19% in those attending less than weekly (1-51 times/yr), 26% in those attending weekly, and 26% in those attending more than weekly (p < .01). After controlling for sociodemographic and health variables, religious attendance was associated with reduced prevalence compared with nonattendance, significantly so for weekly (beta = -0.24; 95% confidence

interval [CL], -0.37 to -0.11;  $p < .01$ ) and more than weekly ( $\beta = -0.33$ ; 95% CL, -0.60 to -0.07;  $p < .05$ ). No significant effect modification by gender or age was observed. Compared with never attenders, persons attending weekly had a systolic BP 1.46 mm Hg (95% CL 2.33, 0.58 mm Hg,  $p < .01$ ) lower and persons attending >52 times/yr had systolic BP 3.03 mm Hg (95% CL 4.34, 1.72 mm Hg,  $p < .01$ ) lower. No significant effect modification by gender was observed; these estimates are adjusted for a significant interaction between age and less than weekly attendance (1-51 times) ( $p < .05$ ). **CONCLUSIONS:** Compared with never attending, attendance at religious services weekly or more than weekly was associated with somewhat lower adjusted hypertension prevalence and blood pressure in a large national survey.

Gillum, T. L., Sullivan, C. M. and Bybee, D. I. [Urban Health Institute, Johns Hopkins University, Baltimore, MD]. **“The importance of spirituality in the lives of domestic violence survivors.”** *Violence Against Women* 12, no. 3 (Mar 2006): 240-250.

[Abstract:] Women with abusive partners utilize a variety of coping strategies to deal with and heal from the violence and sense of betrayal they have experienced. For many women, their trust in a higher power and the support they receive from their faith community is integral to their healing. Of 151 women interviewed for this study, the majority (97%) noted that spirituality or God was a source of strength or comfort for them. Extent of religious involvement predicted increased psychological well-being and decreased depression. For women of color, greater religious involvement was also related to increased social support. Implications for research and direct services are discussed.

Giordano, J. and Engebretson, J. [Center for Clinical Bioethics, Georgetown University Medical Center, Washington, DC; jgiordano@neurobioethics.org]. **“Neural and cognitive basis of spiritual experience: biopsychosocial and ethical implications for clinical medicine.”** *Explore—The Journal of Science & Healing* 2, no. 3 (May 2006): 216-225.

[Abstract:] The role of patient spirituality and spiritual/liminal experience(s); SE) in the clinical setting has generated considerable equivocality within the medical community. Spiritual experience(s), characterized by circumstance, manifestation, and interpretation, reflect patients' explanatory models. We seek to demonstrate the importance of SE to clinical medicine by illustrating biological, cognitive, and psychosocial domains of effect. Specifically, we address where in the brain these events are processed and what types of neural events may be occurring. We posit that existing evidence suggests that SE can induce both intermediate level processing (ILP) to generate attentional awareness (ie, "consciousness of") effects and perhaps nonintermediate level processing to generate nonattentive, subliminal (ie, "state of") consciousness effects. Recognition of neural and cognitive mechanisms is important to clinicians' understanding of the biological basis of noetic, salutogenic, and putative physiologic effects. We posit that neurocognitive mechanisms, fortified by anthropologic and social contexts, led to the incorporation of SE-evoked behaviors into health-based ritual(s) and religious practice(s). Thus, these experiences not only exert biological effects but may provide important means for enhancing patients' locus of control. By recognizing these variables, we advocate clinicians to act within an ethical scope of practice as therapeutic and moral agents to afford patients resources to accommodate their specific desire(s) and/or need(s) for spiritual experiences, in acknowledgement of the underlying mechanisms and potential outcomes that may be health promotional. [87 references.]

Giovagnoli, A. R., Meneses, R. F. and da Silva, A. M. [Department of Clinical Neuroscience, National Neurological Institute Carlo Besta, Milan, Italy; rgiovagnoli@istituto-besta.it]. **“The contribution of spirituality to quality of life in focal epilepsy.”** *Epilepsy & Behavior* 9, no. 1 (Aug 2006): 133-139.

[Abstract:] People with epilepsy of comparable severity may differ widely in quality of life (QOL), suggesting a role for unexplored individual aspects. This study considered the possible role of spirituality. Thirty-two patients with focal epilepsy completed scales for QOL (World Health Organization QOL, WHOQOL 100), spirituality (WHO Spirituality, Religiousness, and Personal Beliefs), depression, anxiety, and cognitive efficiency, as well as neuropsychological testing. The QOL and spirituality scales exhibited satisfactory internal consistency. Factor analyses of the scale and test scores yielded separate spiritual (Personal Meaning, Inner Energy, Awe and Transcendence, and Openness), affective (Mood), and cognitive (Cognition, Memory, and Perceived Cognitive Efficiency) factors. The total WHOQOL 100 score was significantly predicted by the Awe and Transcendence and Mood factors. The spiritual, Mood, and Cognition factors significantly predicted single QOL domains. These preliminary results highlight the contribution of spirituality to QOL in epilepsy, encouraging future studies. This could influence the conceptualization and assessment of QOL in these patients.

Goy, E. R., Carlson, B., Simopoulos, N., Jackson, A. and Ganzini, L. [Portland Veterans Affairs Medical Center and Department of Psychiatry, Oregon Health & Science University]. **“Determinants of Oregon hospice chaplains' views on physician-assisted suicide.”** *Journal of Palliative Care* 22, no. 2 (2006): 83-90.

[Abstract:] **BACKGROUND:** Although religiousness is a strong predictor of attitudes towards physician-assisted suicide (PAS), Oregon hospice chaplains express wide variation in their opposition to or support for legalized PAS. We explored factors associated with chaplains' views on PAS. **METHODS:** A mailed survey to chaplains from 51 Oregon hospices. **RESULTS:** Fifty of 77 eligible hospice chaplains (65%) returned surveys. Views on PAS were associated with views on suicide in general. Moral and theological beliefs were the most important influences on views on PAS. Chaplains who were opposed to PAS believed that God alone may take life, that life is an absolute good, and that suffering has a divine purpose. Those who supported PAS placed emphasis on the importance of self-determination and sanctity of life as defined by quality of life. **CONCLUSIONS:** Oregon hospice chaplains' diverse views towards PAS are closely related to their views on suicide in general, and their personal and theological beliefs.

Gray, D. E. [School of Social Science, Univ. of New England, Armidale, New South Wales, Australia; dgray@pobox.une.edu.au]. **“Coping over time: the parents of children with autism.”** *Journal of Intellectual Disability Research* 50, pt .12 (Dec 2006): 970-976.

This longitudinal study of 28 parents (19 mothers and 9 fathers), followed “over a period of approximately a decade,” used “ethnographic methods that emphasized in-depth interviews and participant observation.” Among the findings [from the abstract:] ...Coping strategies changed from the time of the initial study, as fewer parents coped through reliance on service providers, family support, social withdrawal and individualism and relatively more parents coped through their religious faith and other emotion-focused strategies....

Greenstreet, W. [Department of Adult Nursing Studies, Faculty of Health and Social Care, Canterbury Christ Church University, Canterbury, Kent]. **“From spirituality to coping strategy: making sense of chronic illness.”** *British Journal of Nursing* 15, no. 17 (Sep 28-Oct 11, 2006): 938-942.

[Abstract:] This article explores how individuals might make sense of chronic illness. The spiritual aspect of self is described both as being central to finding meaning in suffering with a chronic illness and also the source of hope in meeting the challenges faced. Culture as the template for interpreting the significance of chronic ill health at a personal, familial and societal level is also considered. A conceptual model for understanding life transitions is modified to incorporate the spiritual and cultural perspectives of making sense of chronic illness in relation to coping skills. In understanding how patients make sense of their circumstances nurses are more likely to be able to offer appropriate support to effect coping.

Griffiths, R. R., Richards, W. A., McCann, U. and Jesse, R. [Department of Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine, 5510, Nathan Shock Drive, Baltimore, MD 21224-6823; rgriff@jhmi.edu]. **“Psilocybin can occasion mystical-type experiences having substantial and sustained personal meaning and spiritual significance.”** *Psychopharmacology* 187, no. 3 (Aug 2006): 268-283. Discussion on pp. 284-292.

[Abstract:] RATIONALE: Although psilocybin has been used for centuries for religious purposes, little is known scientifically about its acute and persisting effects. OBJECTIVES: This double-blind study evaluated the acute and longer-term psychological effects of a high dose of psilocybin relative to a comparison compound administered under comfortable, supportive conditions. MATERIALS AND METHODS: The participants were hallucinogen-naïve adults reporting regular participation in religious or spiritual activities. Two or three sessions were conducted at 2-month intervals. Thirty volunteers received orally administered psilocybin (30 mg/70 kg) and methylphenidate hydrochloride (40 mg/70 kg) in counterbalanced order. To obscure the study design, six additional volunteers received methylphenidate in the first two sessions and unblinded psilocybin in a third session. The 8-h sessions were conducted individually. Volunteers were encouraged to close their eyes and direct their attention inward. Study monitors rated volunteers' behavior during sessions. Volunteers completed questionnaires assessing drug effects and mystical experience immediately after and 2 months after sessions. Community observers rated changes in the volunteer's attitudes and behavior. RESULTS: Psilocybin produced a range of acute perceptual changes, subjective experiences, and labile moods including anxiety. Psilocybin also increased measures of mystical experience. At 2 months, the volunteers rated the psilocybin experience as having substantial personal meaning and spiritual significance and attributed to the experience sustained positive changes in attitudes and behavior consistent with changes rated by community observers. CONCLUSIONS: When administered under supportive conditions, psilocybin occasioned experiences similar to spontaneously occurring mystical experiences. The ability to occasion such experiences prospectively will allow rigorous scientific investigations of their causes and consequences.

Grimsley, L. P. [Department of Nursing, College of Health Professions, Albany State University; linda.grimsley@asurams.edu]. **“Spirituality and quality of life in HIV-positive persons.”** *Journal of Cultural Diversity* 13, no. 2 (2006): 113-118.

[Abstract:] With the amount of turmoil in the world today and often in our personal lives as well, spirituality has become a major focus for many people. Because of the demonstrated importance of spiritual well-being in coping with a chronic illness, the author researches the effects of spirituality and quality of life on the lives of HIV-positive persons.

Grossman, F. K., Sorsoli, L. and Kia-Keating, M. [Department of Psychology, Boston University, Boston, MA; frang@bu.edu]. **“A gale force wind: meaning making by male survivors of childhood sexual abuse.”** *American Journal of Orthopsychiatry* 76, no. 4 (Oct 2006): 434-443.

[From the abstract:] This in-depth qualitative study explores how 16 resilient male survivors of serious childhood sexual abuse, representing a range of racial, ethnic, and socioeconomic backgrounds, made meaning from their abuse experiences. Three main types of meaning making styles were identified in the narratives: meaning making through action, using cognitive strategies, and engaging spirituality....

Gruneir, A., Miller, S. C., Lapane, K. L. and Kinzbrunner B. [Department of Community Health, Brown Medical School, Providence, RI; Andrea\_Gruneir@brown.edu]. **“Hospice care in the nursing home: changes in visit volume from enrollment to discharge among longer-stay residents.”** *Journal of Pain & Symptom Management* 32, no. 5 (Nov 2006): 478-487.

This is a retrospective cohort study, using administrative data from a large hospice provider. The sample consisted of 961 patients in New Hampshire who were discharged from hospice between 10/1/98 and 9/30/99. Among the findings social workers and chaplains were busiest at two time points: during the first and final days of a patient's care. (See p. 484.)

Gullatte, M. M., Phillips, J. M. and Gibson, L. M. [Inpatient Oncology & Transplant Services, Emory Univ. Hospital, Crawford Long Hospital, Atlanta, GA; mary.gullatte@emory.healthcare.org]. **“Factors associated with delays in screening of self-detected breast changes in African-American women.”** *Journal of National Black Nurses Association* 17, no. 1 (Jul 2006): 45-50.

In this review, among the potential factors influencing delays in screening is [from the abstract:] spirituality, including faith-influenced delays.

Gwyther, L. P. [Duke Bryan Alzheimer's Disease Research Center, Duke Aging Center Family Support Program, Duke University Medical Center, Durham, NC 27710; gwyth001@mc.duke.edu]. **“Spirituality and caring for older family members.”** *Southern Medical Journal* 99, no. 10 (Oct 2006): 1180-1181.

This very brief overview is part of the journal's series of special sections on Spirituality & Medicine.

Hall, D. E. [Dept. of General Surgery, University of Pittsburgh Medical Centers, Pittsburgh, PA 15261; revdocdan@aya.yale.edu]. **“Religious attendance: more cost-effective than Lipitor?”** *Journal of the American Board of Family Medicine: JABFM* 19, no. 2 (Mar-Apr 2006): 103-109.

[Abstract:] BACKGROUND: A recent meta-analysis demonstrates a robust but small association between weekly religious attendance and longer life. However, the practical significance of this finding remains controversial. METHODS: Age specific, actuarial death rates were modified according to published odds ratios to model the additional years of life attributable to: (1) weekly religious attendance; (2) regular physical exercise; and (3) statin-type lipid-lowering agents. Secondary analyses estimated the approximate cost for each additional year of life gained. RESULTS: Weekly attendance at religious services accounts for an additional 2 to 3 life-years compared with 3 to 5 life-years for physical exercise and 2.5 to 3.5 life-years for statin-type agents. The approximate cost per life-year gained was between 2,000 dollars and 6,000 dollars for regular exercise, 3,000 dollars and 10,000 dollars for regular religious attendance, and between 4,000 dollars and 14,000 dollars for statin-type agents. CONCLUSION: The real-world, practical significance of regular religious attendance is comparable to commonly recommended therapies, and rough estimates even suggest that religious attendance may be more cost-effective than statins. Religious

attendance is not a mode of medical therapy, but these findings warrant more and better quality research designed to examine the associations between religion and health, and the potential relevance such associations might have for medical practice.

Hall, J. [University of the West of England, Bristol, UK; Jenny.Hall@uwe.ac.uk]. **“Spirituality at the beginning of life.”** *Journal of Clinical Nursing* 15, no. 7 (Jul 2006): 804-810. [This article is part of a special theme issue on spirituality & nursing.]

[From the abstract:] AIM: The aim of this paper was to explore the issues surrounding the spirit of the unborn child. ...METHODS: Historical, philosophical and religious views of the spirit of the fetus, are explored as well as those of women. Investigation was made of views of the timing of 'ensoulment'. RESULTS: The review demonstrates the value women place on the sacredness of pregnancy and birth, and that the spiritual nature of the unborn should be recognized. CONCLUSION: This paper shows that the views and values women have of pregnancy and birth and the powerful, spiritual relationship they have with the unborn, indicates that further discussion and research needs to be carried out in this area. RELEVANCE TO CLINICAL PRACTICE: It is recommended that all who work with women who are pregnant should recognize the spiritual nature of the unborn when carrying out care. [59 references.]

Hall, P., Weaver, L., Fothergill-Bourbonnais, F., Amos, S., Whiting, N., Barnes, P. and Legault, F. [Faculty of Medicine, University of Ottawa, Ottawa, Ontario, Canada; phall@scohs.on.ca ]. **“Interprofessional education in palliative care: a pilot project using popular literature.”** *Journal of Interprofessional Care* 20, no. 1 (Jan 2006): 51-59.

[Abstract:] A need to introduce the concepts of death and dying to the medical and health sciences undergraduate curriculum was identified at the University of Ottawa, Ontario, Canada. As care of the terminally ill is complex and requires the collaborative involvement of a diverse group of health care professionals, an interprofessional educational approach was utilized to address this need. A seminar course was developed using popular literature as the basis for learning, and offered to first and second year medical students, fourth year nursing students and graduate students in spiritual care. The discussion of roles and the provision of care within the context of works of selected literature provided a focus that enabled the students to transcend their disciplinary barriers, and to better understand the perspectives and contributions that other team members bring to patient care. Evaluation findings suggest that meaningful interprofessional education can be introduced effectively to students either prior to or while they are maturing in their professional roles.

Halligan, P. [School of Nursing & Midwifery and Health Sciences, College of Life Sciences, University College Dublin, Ireland; phil.halligan@ucd.ie]. **“Caring for patients of Islamic denomination: critical care nurses' experiences in Saudi Arabia.”** *Journal of Clinical Nursing* 15, no. 12 (Dec 2006): 1565-1573.

[Abstract:] AIM: To describe the critical care nurses' experiences in caring for patients of Muslim denomination in Saudi Arabia. BACKGROUND: Caring is known to be the essence of nursing but many health-care settings have become more culturally diverse. Caring has been examined mainly in the context of Western cultures. Muslims form one of the largest ethnic minority communities in Britain but to date, empirical studies relating to caring from an Islamic perspective is not well documented. Research conducted within the home of Islam would provide essential truths about the reality of caring for Muslim patients. DESIGN: Phenomenological descriptive. Methods. Six critical care nurses were interviewed from a hospital in Saudi Arabia. The narratives were analyzed using Colaizzi's framework. RESULTS: The meaning of the nurses' experiences emerged as three themes: family and kinship ties, cultural and religious influences and nurse-patient relationship. The results indicated the importance of the role of the family and religion in providing care. In the process of caring, the participants felt stressed and frustrated and they all experienced emotional labor. Communicating with the patients and the families was a constant battle and this acted as a further stressor in meeting the needs of their patients. CONCLUSIONS: The concept of the family and the importance and meaning of religion and culture were central in the provision of caring. The beliefs and practices of patients who follow Islam, as perceived by expatriate nurses, may have an effect on the patient's health care in ways that are not apparent to many health-care professionals and policy makers internationally. RELEVANCE TO CLINICAL PRACTICE: Readers should be prompted to reflect on their clinical practice and to understand the impact of religious and cultural differences in their encounters with patients of Islam denomination. Policy and all actions, decisions and judgments should be culturally derived.

Hamdy, R. C. **“Chaplains, the hidden assets.”** *Southern Medical Journal* 99, no. 6 (Jun 2006): 638.

This is a brief reflection by the journal's editor, as part of the journal's series of special sections on Spirituality & Medicine.

Hamilton, J. L. and Levine, J. P. [Department of Family Medicine, UMDNJ-Robert Wood Johnson Medical School, Somerset, NJ; Jennifer.Hamilton@umdnj.edu]. **“Neo-Pagan patients' preferences regarding physician discussion of spirituality.”** *Family Medicine* 38, no. 2 (Feb 2006): 83-84.

This is a brief report of a study by two physicians. “Surveyed Neo-Pagans, who might be expected to be reticent to discuss issues of spirituality and religion with their (presumably non-Neo-Pagan) physicians, looked for physician discussion of these topics at rates comparable to those reported by the general population in earlier studies. ...[T]he findings of this study may reassure physicians who are hesitant to discuss matters of religion and spirituality because of concerns that their inquiries will be unwelcome.” [p. 84].

Hampton, J. S. and Weinert, C. [College of Nursing, Montana State University, Bozeman, MT 59717; Hampton@montana.edu]. **“An exploration of spirituality in rural women with chronic illness.”** *Holistic Nursing Practice* 20, no. 1 (Jan-Feb 2006): 27-33.

[Abstract:] The purpose of this study was to explore expressions of spirituality in rural women with chronic illness. Six categories that emerged were prayer, faith, verse, finding meaning, transcendence, and family. Results of this study were consistent with findings in previous literature that spirituality can be an extremely helpful and powerful coping mechanism that can be used in managing the stressors of a chronic illness. Spirituality is an important illness management tool that needs to be acknowledged by healthcare professionals.

Hamrick, N. and Diefenbach, M. A. [Department of Anesthesia, Indiana University School of Medicine, Indianapolis, IN]. **“Religion and spirituality among patients with localized prostate cancer.”** *Palliative & Supportive Care* 4, no. 4 (Dec 2006): 345-355.

[Abstract:] OBJECTIVE: To examine: (1) daily religious and spiritual experiences among localized prostate cancer patients as compared to a national age and race-matched male sample; (2) cognitive-affective and clinical predictors of prostate cancer diagnosis-related increases in religiosity and spirituality; (3) short-term impact of daily religious and spiritual experiences on cancer recurrence worry. METHODS: Analyses of data from a longitudinal questionnaire study among patients (N = 254) diagnosed with localized prostate cancer and data from a random sample (N = 238) of respondents to the national General Social Survey. RESULTS: Compared to the national sample, prostate cancer patients reported higher levels of daily spiritual experiences. Patients with higher worry about prostate cancer and elevated levels of prostate-related



symptoms around diagnosis were more likely to report a diagnosis-related increase in religiosity and spirituality. Positive benefits (reduced recurrence worry) of religious coping/practices were restricted to those patients with higher versus lower level of postdiagnosis increase in religiosity; patients not reporting postdiagnosis increases in religion who are not engaging in religious coping/practice adjusted equally well. Results suggest that the development of religious/spiritual interventions is premature. SIGNIFICANCE OF RESULTS: This is the first prospective study to report on the prevalence and influence of daily spiritual and religious experiences among prostate cancer patients.

Handzo, G. F. [The HealthCare Chaplaincy, 307 East 60th Street, New York; ghandzo@healthcarechaplaincy.org]. **“Best practices in professional pastoral care.”** *Southern Medical Journal* 99, no. 6 (Jun 2006): 663-634.

This is a brief consideration of chaplaincy practice, as part of the journal’s series of special sections on Spirituality & Medicine.

Handzo, G. and Wintz, S. [The HealthCare Chaplaincy, New York; ghandzo@healthcarechaplaincy.org]. **“Professional chaplaincy: establishing a hospital-based department.”** *Healthcare Executive* 21, no. 1 (Jan-Feb 2006): 38-39.

This is a brief overview--by two chaplains--offering basic steps for hospital administrators interested in establishing a chaplaincy department suited to their particular institutions. (There is a note that the column is sponsored by the pharmaceutical company, Sanofi-Aventis Group.)

Harris, K. M., Edlund, M. J. and Larson, S. L. [Substance Abuse and Mental Health Services Administration, Rockville, MD 20857]. **“Religious involvement and the use of mental health care.”** *Health Services Research* 41, no. 2 (Apr 2006): 395-410.

[Abstract:] OBJECTIVES: To examine the association between religious involvement and mental health care use by adults age 18 or older with mental health problems. METHODS: We used data from the 2001-2003 National Surveys on Drug Use and Health. We defined two subgroups with moderate (n=49,902) and serious mental or emotional distress (n=14,548). For each subgroup, we estimated a series of bivariate probit models of past year use of outpatient care and prescription medications using indicators of the frequency of religious service attendance and two measures of the strength and influence of religious beliefs as independent variables. Covariates included common Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, disorders symptoms, substance use and related disorders, self-rated health status, and sociodemographic characteristics. RESULTS: Among those with moderate distress, we found some evidence of a positive relationship between religious service attendance and outpatient mental health care use and of a negative relationship between the importance of religious beliefs and outpatient use. Among those with serious distress, use of outpatient care and medication was more strongly associated with service attendance and with the importance of religious beliefs. By contrast, we found a negative association between outpatient use and the influence of religious beliefs on decisions. CONCLUSION: The positive relationship between religious service participation and service use for those with serious distress suggests that policy initiatives aimed at increasing the timely and appropriate use of mental health care may be able to build upon structures and referral processes that currently exist in many religious organizations.

Hart, A., Jr., Tinker, L., Bowen, D. J., Longton, G. and Beresford, S. A. [Division of Quality Health Care, Virginia Commonwealth University, Richmond, VA]. **“Correlates of fat intake behaviors in participants in the eating for a healthy life study.”** *Journal of the American Dietetic Association* 106, no. 10 (Oct 2006): 1605-1613.

This telephone-administered, baseline, cross-sectional survey of members of religious organizations in the greater Seattle area found [from the abstract:] ...Age, race, sex, education, and self-assessed health status were found to be statistically significant correlates of fat intake. Variables associated with stage of dietary fat change included sex, education, and religious organization cohesion....

Harvey, I. S. [The University of Michigan, School of Public Health, Ann Arbor, MI 48108; shevon@umich.edu]. **“Self-management of a chronic illness: an exploratory study on the role of spirituality among older African American women.”** *Journal of Women & Aging* 18, no. 3 (2006): 75-88.

[From the abstract:] Living with a chronic illness is an experience characterized by changes in self-management behavior. Few studies have addressed the role of spirituality in the self-management of a chronic illness among older African American women. The purpose of this exploratory study was to understand the role of spirituality in the self-management of chronic illness. Data from a sample of 10 African American women were collected from semi-structured interviews and analyzed for common themes through narrative analysis. Four themes emerge from the linkage of spirituality and self-management.... [The four themes are: “1) Combining traditional medicine and spiritual practices in self-management, 2) empowering respondents to practice health-promoting activities, 3) using prayer as a mediator, and 4) employing coping strategies” --p. 82.]

Hebert, R. S., Koenig, H. G., Arnold, R. M. and Schulz, R. [Division of General Internal Medicine, Section of Palliative Care and Medical Ethics, University of Pittsburgh School of Medicine, PA 15213; hebertrs@upmc.edu]. **“Caregiver intervention research: an opportunity for collaboration between caregiving investigators and African-American faith communities.”** *Journal of the National Medical Association* 98, no. 9 (Sep 2006): 1510-1514.

[Abstract:] The African-American community in the United States is rapidly aging. Because friends and family who care for these elderly individuals often do so at the expense of their own physical and psychological well-being, there has been extensive interest in the development of interventions to reduce caregiver burden and morbidity. Few interventions, however, have targeted African-American caregivers. Given the importance of religion for many African-American caregivers, we believe that faith communities could be valuable allies to research investigators. The primary objectives of this paper, therefore, are to: 1) summarize the literature on religion and African-American caregivers; 2) provide a rationale for why caregiving investigators and African-American faith communities should collaborate; and 3) present directions for future research. We present evidence to support our assertion that, not only could collaboration result in interventions that improve the well-being of African-American caregivers, collaboration would also benefit both caregiving investigators and faith communities. [59 references.]

Hebert, R. S., Weinstein, E., Martire, L. M. and Schulz, R. [Division of General Internal Medicine, Section of Palliative Care and Medical Ethics, University of Pittsburgh, PA; hebertrs@upmc.edu]. **“Religion, spirituality and the well-being of informal caregivers: a review, critique, and research prospectus.”** *Aging & Mental Health* 10, no. 5 (Sep 2006): 497-520.

[Abstract:] The purpose of this article is to review and critique the published literature examining the relationships between religion/spirituality and caregiver well-being and to provide directions for future research. A systematic search was conducted using bibliographic databases, reference sections of articles, and by contacting experts in the field. Articles were reviewed for measurement, theoretical, and design limitations. Eighty-three studies were retrieved. Research on religion/spirituality and caregiver well-being is a burgeoning area of investigation; 37% of the articles were published in the last five years. Evidence for the effects of religion/spirituality were unclear; the preponderance (n =

71, 86%) of studies found no or a mixed association (i.e., a combination of positive, negative, or non-significant results) between religion/spirituality and well-being. These ambiguous results are a reflection of the multidimensionality of religion/spirituality and the diversity of well-being outcomes examined. They also partially reflect the frequent use of unrefined measures of religion/spirituality and of a theoretical approaches to studying this topic. Investigators have a fairly large number of studies on religion/spirituality and caregiver well-being on which to build. Future studies should be theory driven and utilize psychometrically sound measures of religion/spirituality. Suggestions are provided to help guide future work. [152 references.]

Hedayat, K. [Pediatric Critical Care, Sutton Children's Hospital, Shreveport, LA; kamyar.hedayat@chrisushealth.org]. **"When the spirit leaves: childhood death, grieving, and bereavement in Islam."** *Journal of Palliative Medicine* 9, no. 6 (Dec 2006): 1282-1291.

[From the abstract:] ...This paper seeks to explain what Islam is, who is a Muslim, where they live, and what they believe and practice. It also explains how Islamic beliefs contextualize the meaning of life and death for Muslims and how they are exhorted to grieve upon a child's death. Reading this paper will enable those who care for Muslim families to better attend to the social and emotional needs of Muslim parents and siblings after such a tragic event.

Henderson, M. L. [University of North Carolina, Chapel Hill, NC; mhenders@email.unc.edu]. **"Spirituality in the nursing home."** *Southern Medical Journal* 99, no. 10 (Oct 2006): 1182-1183.

This very brief overview is part of the journal's series of special sections on Spirituality & Medicine.

Hendricks-Ferguson, V. [Barnes-Jewish College of Nursing, St Louis, MO 63110; vlf7549@bjc.org]. **"Relationships of age and gender to hope and spiritual well-being among adolescents with cancer."** *Journal of Pediatric Oncology Nursing* 23, no. 4 (Jul-Aug 2006): 189-199.

[Abstract:] The purpose of this study was to examine hope and spiritual well-being, with its 2 dimensions of religious well-being and existential well-being, as they relate to age and gender among adolescents with cancer. A cross-sectional design was guided by the conceptual framework, Adolescent Psychosocial Adaptation to the Cancer Experience. A total of 78 adolescents with a diagnosis of cancer were enrolled from 2 pediatric oncology clinics. Middle adolescents (15-17 years of age) reported higher religious well-being than late adolescents (18-20 years of age). Middle-adolescent boys were more hopeful than were early adolescent boys (13- 14 years of age). Also, girls were more hopeful and reported higher spiritual well-being than age the boys. Developmental phase and/or gender may influence adolescents' levels of hope, spiritual well-being, religious well-being, and existential well-being as they cope during the cancer experience. The nurse should consider developmental phase and gender when planning interventions to foster hope and spiritual well-being in adolescents' adaptations to the cancer experience.

Hermans, C. [School of Nursing, University of Louisville, Louisville, KY; cpherm01@louisville.edu]. **"Development and testing of the spiritual needs inventory for patients near the end of life."** *Oncology Nursing Forum* 33, no. 4 (Jul 2006): 737-744.

[From the abstract:] ...SETTING: One inpatient and five outpatient hospices. SAMPLE: 62 female and 38 male hospice patients with a mean age of 67 years; most were Caucasian, Protestant, and dying of cancer. METHODS: Items for the Spiritual Needs Inventory (SNI) were developed from a qualitative study of spiritual needs of dying patients. Data were analyzed for internal consistency using Cronbach's alpha and item-to-total correlations and for content and construct validity using factor analysis. MAIN RESEARCH VARIABLES: Spiritual needs and life satisfaction. FINDINGS: The total scale alpha of the 27-item SNI was 0.81. Item-to-total correlations ranged from 0.07-0.65, resulting in seven items being eliminated. A principal component factor analysis with a promax oblique rotation was used to estimate content and construct validity. A total of 17 items comprised the five-factor solution. Cronbach's alpha for the revised SNI was 0.85. CONCLUSIONS: The SNI is a valid and reliable measurement of spiritual needs of patients near the end of life. Further psychometric testing of this newly developed instrument is warranted....

Higginbotham, A. R. and Marcy, T. R. [College of Pharmacy, University of Oklahoma, Oklahoma City, OK]. **"Spiritual assessment: a new outlook on the pharmacist's role."** *American Journal of Health-System Pharmacy* 63, no. 2 (Jan 15, 2006): 169-173.

The authors provide a general overview of the idea of spiritual assessment in the health care context and suggest that spiritual assessment may have a place in pharmacy practice. They give a practical model: the EBQT Paradigm [from Lawrence, R. T. and Smith, D. W., "Principles to make a spiritual assessment work in your practice," *Journal of Family Practice* 53, no. 8 (Aug 2004): 625-631].

Hill, D. L. [School of Medicine, University of Minnesota, Duluth; dorismhill@msn.com]. **"Sense of belonging as connectedness, American Indian worldview, and mental health."** *Archives of Psychiatric Nursing* 20, no. 5 (Oct 2006): 210-216.

The article notes at various points the spiritual aspects of the American Indian worldview. [Abstract:] The concept of sense of belonging as connectedness is an abstract dimension of relatedness. Gaining an understanding of this concept within a cultural worldview has the potential to positively impact the mental health of ethnic minority populations. Sense of belonging as connectedness portrays the dynamic nature of human existence. The role of sense of belonging to interpersonal relationships and the well-being of individuals, family, and community is emphasized through the worldview of the American Indian population. It is a dynamic phenomenon of social significance. [46 references.]

Hill, T. D. [Department of Sociology, The University of Miami, Coral Gables, FL 33124; tdh@miami.edu]. **"Religion, spirituality, and healthy cognitive aging."** *Southern Medical Journal* 99, no. 10 (Oct 2006): 1176-1177.

This very brief overview is part of the journal's series of special sections on Spirituality & Medicine.

Hill, T. D., Burdette, A. M., Angel, J. L. and Angel, R. J. [Department of Sociology, The University of Texas at Austin, 1 University Station A1700, Austin, TX 78712; tdh@mail.la.utexas.edu]. **"Religious attendance and cognitive functioning among older Mexican Americans."** *Journals of Gerontology Series B-Psychological Sciences & Social Sciences* 61, no. 1 (Jan 2006): P3-9.

[Abstract:] Research shows that social engagement reduces the probability of cognitive decline in late life. The purpose of this study was to test whether religious attendance, a major source of social engagement for many older individuals, is associated with slower rates of cognitive decline among older Mexican Americans. Using four waves of data collected from a sample of 3,050 older Mexican-origin individuals, we estimated a series of linear growth curve models to assess the effects of religious attendance on cognitive functioning trajectories. We used the Mini-Mental State Examination to measure cognitive functioning. Our central finding is that religious attendance is associated with slower

rates of cognitive decline among older Mexican Americans. Specifically, respondents who attend church monthly, weekly, and more than weekly tend to exhibit slower rates of cognitive decline than those who do not attend church.

Hill, T. D., Burdette, A. M., Ellison, C. G. and Musick, M. A. [Department of Sociology, University of Texas, 1 University Station A1700, Austin, TX 78712; David.Litaker@med.va.gov]. **“Religious attendance and the health behaviors of Texas adults.”** *Preventive Medicine* 42, no. 4 (Apr 2006): 309-312.

[From the abstract:] ...We employ data from the 2004 Survey of Texas Adults, a statewide probability sample of 1504 Texas adults. Using these data, we estimate a series of logistic regression models to assess the net effects of religious attendance on 12 health behaviors. RESULTS: Our results show that regular religious attendance (especially weekly attendance) is associated with a wide range of healthy behaviors, including preventive care use, vitamin use, infrequent bar attendance, seatbelt use, walking, strenuous exercise, sound sleep quality, never smoking, and moderate drinking. CONCLUSION: If religious involvement is associated with healthy behaviors, additional studies are needed to account for these associations. Future research might also consider health behaviors other than drinking and smoking as potential mechanisms through which religious involvement might benefit health and prolong life.

Hodge, D. R. [Department of Social Work, Arizona State University, Phoenix, AZ]. **“A template for spiritual assessment: a review of the JCAHO requirements and guidelines for implementation.”** *Social Work* 51, no. 4 (Oct 2006): 317-326.

This article addresses JCAHO's position on spiritual assessment as it stood after the organization's 2001 revision of the standards, though it focuses not on particular standards but rather on a supporting document found on JCAHO's website that offers questions that could be posed to patients in the process of a spiritual assessment. The author (a professor of Social Work who had published a number of articles on spiritual assessment) presents his own set of four questions, proposing a Brief Assessment Model (--see p. 319), and he goes on to discuss Guidelines for Moving to a Comprehensive Assessment (--see pp. 320-323). The changes in JCAHO's standards pertaining to spirituality that followed from the dramatic overall revision of standards in 2005-2006 are not discussed. The Internet address for JCAHO's supporting document on spiritual assessment has since been moved from a "Frequently Asked Questions" section of the website to a page under simply a heading of Assessment. The article approaches the subject with social workers in mind but has broader applicability.

Hodgson, N., Landsberg, L., Lehning, A. and Kleban, M. [Polisher Research Institute, North Wales, PA 19454; nhodgson@abramsoncenter.org]. **“Palliative care services in Pennsylvania nursing homes.”** *Journal of Palliative Medicine* 9, no. 5 (Oct 2006): 1054-1058.

Among the findings of a mailed survey, from responses of 91 nursing home administrators throughout the state of Pennsylvania, were: “More than half (54%) of respondents rated their facility as “average” in terms of meeting the needs of its palliative care residents. The most common palliative care services that facilities provided were 24-hour visitation privileges (88.2%), spiritual counseling (84.3%), and management of physical symptoms other than pain (82.4%). However, less than half the facilities reported palliative care services for bereavement services (48.2%), respite care (48.2%), or alternative and complementary therapies (47.4%). Respondents reported critical unmet training needs in communication of bad news to families and residents (66.7%), grief and bereavement services (77.8%), and staff education on basic principles of palliative care (83.4%).” [p. 1056]

Hollow, W. B., Patterson, D. G., Olsen, P. M. and Baldwin, L. M. [WWAMI Center for Health Workforce Studies, University of Washington, Box 354982, Seattle, WA 98195-4982]. **“American Indians and Alaska Natives: how do they find their path to medical school?”** *Academic Medicine* 81, no. 10, Suppl. (Oct 2006): S65-69.

[Abstract:] BACKGROUND: American Indians and Alaska Natives (AI/ANs) remain underrepresented in the medical profession. This study sought to understand the supports and barriers that AI/AN students encountered on their path to successful medical school entry. METHOD: The research team analyzed qualitative semistructured, one-on-one, confidential interviews with 10 AI/AN medical students to identify salient support and barrier themes. RESULTS: Supports and barriers clustered in eight categories: educational experiences, competing career options and priorities, health care experiences, financial factors, cultural connections, family and friends, spirituality, and discrimination. Some of the most notable findings of this study include the following: (1) students reported financial barriers severe enough to constrain participation in the medical school application process, and (2) spirituality played an important role as students pursued a medical career. CONCLUSION: Promoting AI/AN participation in medical careers can be facilitated with strategies appropriate to the academic, financial, and cultural needs of AI/AN students.

Holloway, M. [Department of Social Work, University of Hull, Hull, UK; m.l.holloway@hull.ac.uk]. **“Death the great leveller? Towards a transcultural spirituality of dying and bereavement.”** *Journal of Clinical Nursing* 15, no. 7 (Jul 2006): 833-839.

[This article is part of a special theme issue on spirituality & nursing.]

[From the abstract:] ...Transcultural spirituality is explored through a critical review of the literature, including the author's own published research on spiritual and philosophical issues in death, dying and bereavement. ...The conclusion is drawn that some common themes and approaches can be found which offer a framework to guide nursing practice with the individual patient and family. RELEVANCE TO CLINICAL PRACTICE: In the absence of guidance, nurses struggle with implementing spiritual care in the fluid and complex context of contemporary spiritualities and frequently resort to broad categorizations. This paper opens up a way of connecting with the unique spiritual position of each patient.

Holmes, S. M., Rabow, M. W. and Dibble, S. L. [Department of Anthropology, History, and Social Medicine, University of California at San Francisco, San Francisco, CA 94115]. **“Screening the soul: communication regarding spiritual concerns among primary care physicians and seriously ill patients approaching the end of life.”** *American Journal of Hospice & Palliative Care* 23, no. 1 (Jan-Feb 2006): 25-33.

[Abstract:] The purpose of this study was to explore the spiritual concerns of seriously ill patients and the spiritual-care practices of primary care physicians (PCPs). Questionnaires were administered to outpatients (n=65, 90 percent response rate) with end-stage illness and to PCPs (n=67, 87 percent response rate) in a diverse general medicine practice. Most patients (62 percent) and PCPs (68 percent) considered it important that physicians attend to patients' spiritual concerns. However, few patients reported receiving such care, and most (62 percent) did not think it was the PCP's job to talk about spiritual concerns. Although both seriously ill outpatients and PCPs assert the importance of

spiritual concerns, PCPs often do not provide spiritual care. Appropriate provision of spiritual care within a diverse population of seriously ill outpatients is complex, necessitating appropriate and attentive screening.

Holt, C. L. and McClure, S. M. [University of Alabama at Birmingham, AL]. **“Perceptions of the religion-health connection among African American church members.”** *Qualitative Health Research* 16, no. 2 (Feb 2006): 268-281.

[Abstract:] In this qualitative study, the authors examine perceptions of the religiosity-health connection among African American church members. They conducted 33 interviews with members of predominately African American churches. The clergy and members from each congregation completed semistructured interviews. Participants described the religiosity-health connection in their own words and talked about whether and how their religious beliefs and practices affect their health. The authors derived an open coding scheme from the data using an inductive process. Themes that emerged spontaneously and consistently included but were not limited to spiritual health, mental health's effects on physical health, importance of the church family, giving problems up to God, and the body as a temple of God. These religion-health themes might hold promise for integration into church-based health promotion interventions for this population.

Hubbell, S. L., Woodard, E. K., Barksdale-Brown, D. J. and Parker, J. S. [School of Nursing, University of North Carolina at Chapel Hill]. **“Spiritual care practices of nurse practitioners in federally designated nonmetropolitan areas of North Carolina.”** *Journal of the American Academy of Nurse Practitioners* 18, no. 8 (Aug 2006): 379-385.

[Abstract:] PURPOSE: The purpose of this study was to explore if and then how nurse practitioners (NPs) living in federally designated nonmetropolitan areas of North Carolina integrated spiritual care into their practices. Participants identified the frequency in which they utilize spiritual care practices, specific spiritual interventions, and their definitions of spiritual care. DATA SOURCES: A sample of 101 NPs was chosen through systematic sampling from 507 eligible NPs. Each participant was mailed a demographic data sheet and the Nurse Practitioner Spiritual Care Perspective Survey (NPSCPS). The NPSCPS was modified from the Oncology Nurse Spiritual Care Perspective Scale developed by Taylor and colleagues. Of the 101 mailings, 65 were returned and included in the analysis. CONCLUSIONS: Although most of the NPs in this study felt that spiritual care was an important part of nursing practice, 73% did not routinely provide spiritual care to their patients. Barriers and limitations to the provision of spiritual care must be explored. IMPLICATIONS FOR PRACTICE: As providers of holistic care, NPs should be proficient and comfortable in providing spiritual care to their patients. Educational programs should provide NPs and NP students with knowledge and skills to provide spiritual care.

Hufton, E. [Manchester Royal Infirmary, Manchester, UK; emhuf@hotmail.com]. **“Parting gifts: the spiritual needs of children.”** *Journal of Child Health Care* 10, no. 3 (Sep 2006): 240-250.

[Abstract:] This article discusses the spiritual lives of children who are facing severe illness or bereavement. Initially, it describes a children's story which had some impact on the author's spiritual views during childhood. The concept of children as spiritual beings is discussed and questions are raised as to why relatively little attention has been given to this as opposed to their religious affiliation. Asserting that children do have a spiritual dimension, the importance of addressing children's spirituality is considered. Discussion is given to ways of assessing and attending to children's spirituality, illustrated with case studies. It is identified that for carers, a degree of self-awareness is crucial in order to develop an open and flexible working definition of what spirituality is and means.

Hull, S. K., Daaleman, T. P., Thaker, S. and Pathman, D. E. [Department of Medical Humanities, Southern Illinois University School of Medicine, PO Box 19620, Springfield, IL 62794-9603; shull@siu.edu]. **“A prevalence study of faith-based healing in the rural southeastern United States.”** *Southern Medical Journal* 99, no. 6 (Jun 2006): 644-653.

[Abstract:] BACKGROUND: Although prayer and other spiritual practices are common among residents of the rural south, the use of faith-based healers (FBH), or healers who use prayer as their primary healing modality, has not been explored in this population. METHODS: Secondary data analysis from a random digit dialing telephone survey of rural adults in eight southern states. RESULTS: Our overall response rate was 51% and 193 subjects (4.1%) had seen an FBH practitioner within the previous year. FBH use was significantly more common among younger respondents (OR 7.21, 95% CI 2.00, 25.94), women (OR 1.49, 95% CI 1.03, 2.14), those reporting poorer health (OR 1.83, 95% CI 1.19, 2.83), and those who believed in avoiding physicians (OR 1.82, 95% CI 1.24, 2.67). A relationship between FBH use and delayed or foregone medical care, and cost as a barrier to obtaining care was not statistically significant after controlling for other factors. CONCLUSIONS: Prevalence of FBH use is low, but is significantly related to younger age, female gender, poorer health status, barriers to medical care and devaluing medical care. Clinicians may consider exploring FBH usage with their younger, female patients, and those in poorer health. Policy makers should consider how FBH usage is related to various indicators of health care services demand, utilization and access.

Hyland, M. E., Geraghty, A. W., Joy, O. E. and Turner, S. I. [School of Psychology, University of Plymouth, PL4 8AA Plymouth, UK; mhyland@plymouth.ac.uk]. **“Spirituality predicts outcome independently of expectancy following flower essence self-treatment.”** *Journal of Psychosomatic Research* 60, no. 1 (Jan 2006): 53-58.

[Abstract:] OBJECTIVE: The aim of this study was to determine whether absorption and spirituality predict the placebo response independently of expectancy. METHOD: This was an open study of self-treatment with self-selected Bach flower essences. Participants' expectancy of the effect of flower essences, attitudes to complementary medicine, holistic health beliefs, absorption, and spirituality were measured prior to treatment. One month after the start of treatment, participants responded to an e-mail enquiry about symptom change using a single seven-point change scale. RESULTS: One hundred sixteen participants (97 university undergraduates and 19 staff) completed all assessments. Spirituality and absorption together predicted additional variance compared with a cluster of expectancy measures comprising expectancy, attitude to complementary medicine, and holistic beliefs (increment in  $R(2)=.042$ ,  $P=.032$ ), and spirituality alone (but not absorption alone) predicted more additional variance than did the expectancy cluster (increment in  $R(2)=.043$ ,  $P=.014$ ). CONCLUSION: Our data are inconsistent with conventional explanations for the placebo effect. The mechanism underlying the placebo response is not fully understood.

Ironson, G., Stuetzle, R., Fletcher, M. A. [Dept. of Psychology, Univ. of Miami, FL]. **“An increase in religiousness/spirituality occurs after HIV diagnosis and predicts slower disease progression over 4 years in people with HIV.”** *Journal of General Internal Medicine* 21, Suppl 5 (Dec 2006): S62-68. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Most studies on religion/spirituality predicting health outcomes have been limited to church attendance as a predictor and have focused on healthy people. However, confronting a major medical crisis may be a time when people turn to the sacred. OBJECTIVE: The purpose of this study was to determine the extent to which changes in spirituality/religiousness occur after HIV diagnosis and whether changes predict disease progression. DESIGN/PARTICIPANTS: This longitudinal study examined the relationship between changes in spirituality/religiousness from before with after the diagnosis of HIV, and disease progression (CD4 and viral load [VL] every 6 months) over 4 years in 100 people with HIV. Measures included change in religiousness/spirituality after diagnosis of HIV, religiousness/spirituality at various times in one's life, church attendance, depression, hopelessness, optimism, coping (avoidant, proactive), social support, CD4/VL, and health behaviors. RESULTS: Forty-five percent of the sample showed an increase in religiousness/spirituality after the diagnosis of HIV, 42% remained the same, and 13% decreased. People reporting an increase in spirituality/religiousness after the diagnosis had significantly greater preservation of CD4 cells over the 4-year period, as well as significantly better control of VL. Results were independent of (i.e., held even after controlling for) church attendance and initial disease status (CD4/VL), medication at every time point, age, gender, race, education, health behaviors (adherence, risky sex, alcohol, cocaine), depression, hopelessness, optimism, coping (avoidant, proactive), and social support. CONCLUSIONS: There is an increase in spirituality/religiousness after HIV diagnosis, and this increase predicts slower disease progression; medical personnel should be aware of its potential importance. [This article is part of the journal's special theme issue on spirituality and HIV/AIDS.]

Jang, Y., Bergman, E., Schonfeld, L. and Molinari, V. [Department of Aging and Mental Health, Florida Mental Health Institute, University of South Florida, Tampa 33612; yjang@fmhi.usf.edu]. **“Depressive symptoms among older residents in assisted living facilities.”** *International Journal of Aging & Human Development* 63, no. 4 (2006): 299-315. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[From the abstract:] ...A sample of 150 residents (M<sub>age</sub> = 82.8, SD = 9.41) from 17 facilities in Florida was used for analyses. Higher levels of depressive symptoms were observed among older residents with a greater level of functional disability, poorer self-rated health, lower sense of mastery, less religiosity, and less positive attitude towards aging. In addition, the linkages between physical and mental health were modified by psychosocial resources. For older residents with more positive beliefs and attitudes (a higher sense of mastery, greater religiosity, and more positive attitudes toward aging), the adverse effects of functional disability or poorer self-rated health on depressive symptoms were attenuated. The protective roles of psychosocial resources against physical health constraints yield important implications for designing prevention and intervention strategies for the mental health of older populations in ALF settings.

Jim, H. S., Purnell, J. Q., Richardson, S. A., Golden-Kreutz, D. and Andersen, B. L. [Department of Psychology, The Ohio State University, Columbus, OH 43210-1222]. **“Measuring meaning in life following cancer.”** *Quality of Life Research* 15, no. 8 (Oct 2006): 1355-1371.

[Abstract:] Meaning in life is a multi-faceted construct that has been conceptualized in diverse ways. It refers broadly to the value and purpose of life, important life goals, and for some, spirituality. We developed a measure of meaning in life derived from this conceptualization and designed to be a synthesis of relevant theoretical and empirical traditions. Two samples, all cancer patients, provided data for scale development and psychometric study. From exploratory and confirmatory factor analyses the Meaning in Life Scale (MiLS) emerged, and includes four aspects: Harmony and Peace, Life Perspective, Purpose and Goals, Confusion and Lessened Meaning, and Benefits of Spirituality. Supporting data for reliability (internal consistency, test-retest) and construct validity (convergent, discriminant, individual differences) are provided. The MiLS offers a theoretically based and psychometrically sound assessment of meaning in life suitable for use with cancer patients.

Jim, H. S., Richardson, S. A., Golden-Kreutz, D. M. and Andersen, B. L. [Department of Psychology, Ohio State University, Columbus, OH 43210-1222]. **“Strategies used in coping with a cancer diagnosis predict meaning in life for survivors.”** *Health Psychology* 25, no. 6 (Nov 2006): 753-761.

[Abstract:] The search for meaning in life is part of the human experience. A negative life event may threaten perceptions about meaning in life, such as the benevolence of the world and one's sense of harmony and peace. The authors examined the longitudinal relationship between women's coping with a diagnosis of breast cancer and their self-reported meaning in life 2 years later. Multiple regression analyses revealed that positive strategies for coping predicted significant variance in the sense of meaning in life--feelings of inner peace, satisfaction with one's current life and the future, and spirituality and faith--and the absence of such strategies predicted reports of loss of meaning and confusion ( $p < .01$ ). The importance and process of finding meaning in the context of a life stressor are discussed.

Johnson, K. S. [Department of Medicine, Division of Geriatrics, Center for the Study of Aging and Human Development, and Center for Palliative Care, Duke University, Durham, NC 27710; johns196@mc.duke.edu]. **“You just do your part. God will do the rest’: spirituality and culture in the medical encounter.”** *Southern Medical Journal* 99, no. 10 (Oct 2006): 1163.

This very brief overview is part of the journal's series of special sections on Spirituality & Medicine.

Jonas, E. and Fischer, P. [Department of Psychology, Social Psychology, Ludwig-Maximilians-Universitat, Munich, Germany; eva.jonas@sbg.ac.at]. **“Terror management and religion: evidence that intrinsic religiousness mitigates worldview defense following mortality salience.”** *Journal of Personality & Social Psychology* 91, no. 3 (Sep 2006): 553-567.

[Abstract:] Terror management theory suggests that people cope with awareness of death by investing in some kind of literal or symbolic immortality. Given the centrality of death transcendence beliefs in most religions, the authors hypothesized that religious beliefs play a protective role in managing terror of death. The authors report three studies suggesting that affirming intrinsic religiousness reduces both death-thought accessibility following mortality salience and the use of terror management defenses with regard to a secular belief system. Study 1 showed that after a naturally occurring reminder of mortality, people who scored high on intrinsic religiousness did not react with worldview defense, whereas people low on intrinsic religiousness did. Study 2 specified that intrinsic religious belief mitigated worldview defense only if participants had the opportunity to affirm their religious beliefs. Study 3 illustrated that affirmation of religious belief decreased death-thought accessibility following mortality salience only for those participants who scored high on the intrinsic religiousness scale. Taken as a whole, these results suggest that only those people who are intrinsically vested in their religion derive terror management benefits from religious beliefs.

Jones, G. L. "A basic spiritual assessment model." *Journal of Cancer Education* 21, no. 1 (2006): 26-27.

A chaplain proposes a spiritual assessment model that sees patients in terms of three patterns of need: "self worth patients" (for whom illness has brought into question their sense of self-worth and who tend to blame themselves), "community patients" (who, in contrast to "self worth patients," tend to blame others for their illness), and "purpose patients" (who "have good connections with a community, but are feeling lost nonetheless" [p. 27]). The article is part of the journal's Special Section on Spirituality in Cancer. [This article is part of the journal's special theme issue on spirituality and cancer.]

Jorna, M., Ball, K. and Salmon, J. [Centre for Physical Activity and Nutrition Research, School of Exercise and Nutrition Sciences, Deakin University, 221 Burwood Hwy, Burwood, Melbourne, Vic 3125, Australia; michelle.jorna@deakin.edu.au]. "Effects of a holistic health program on women's physical activity and mental and spiritual health." *Journal of Science & Medicine in Sport* 9, no. 5 (Oct 2006): 395-401.

[From the abstract:] ...The purpose of this study was to evaluate the effectiveness of a mind, body and spiritually based health promotion program in increasing physical activity and promoting mental and spiritual health. Nineteen women completed the 8-week intervention, and 30 women in a non-health related 8-week program at the same church comprised a comparison group. Pre- and post-program surveys assessed outcome measures. Between-group differences over time were examined using one-way MANOVA's. Physical activity was higher in the intervention group than the comparison group. In contrast to the comparison group, both mental health (depression symptoms) and spiritual health improved significantly more among intervention participants....

Julliard, K., Klimenko, E. and Jacob, M. S. [Department of Family Practice, State University of New York Downstate Medical Center, Brooklyn, NY]. "Definitions of health among healthcare providers." *Nursing Science Quarterly* 19, no. 3 (Jul 2006): 265-271. Investigators interviewed 73 healthcare practitioners representing "Mainstream Healthcare" (MH), "Integrative Healthcare" (IH), and "Complementary and Alternative Healthcare" (CAH), and found that *spirituality* generally figured into their definition and conceptualization of health. "...[M]ost believed that a strong spiritual connection could provide comfort, purpose, resilience to deal with difficulties, and acceptance of one's situation in life," and "[m]any practitioners in all three groups held that the presence or absence of spiritual connections could affect physical and mental health" [p. 270].

Kamm-Steigelman, L., Kimble, L. P., Dunbar, S., Sowell, R. L. and Bairan, A. [Wellstar College of Health and Human Services, Kennesaw State University, Kennesaw, GA; Lkammste@kennesaw.edu]. "Religion, relationships and mental health in midlife women following acute myocardial infarction." *Issues in Mental Health Nursing* 27, no. 2 (Feb-Mar 2006): 141-159.

[Abstract:] Little is known about coping in women following an acute myocardial infarction (AMI). In midlife, women have worse outcomes than men following AMI. Innovative interventions need to be developed that respond to these women's unique recovery needs. In this correlational, descriptive study, 59 women aged 35-64 who had experienced AMI reported low satisfaction with life and decreased mental health; 49% were experiencing depression. However, they also reported that religion, family, and friends provided strength and comfort at the time of their AMI. Greater activation of simple, family-oriented, coping resources during recovery may be key. It is recommended that mental health nurses be essential members of the recovery planning team.

Kaplan, S. A., Calman, N. S., Golub, M., Ruddock, C. and Billings, J. [Robert F. Wagner Graduate School of Public Service, New York University]. "The role of faith-based institutions in addressing health disparities: a case study of an initiative in the southwest Bronx." *Journal of Health Care for the Poor & Underserved* 17, no. 2, Supplement (May 2006): 9-19.

[Abstract:] Although many public health initiatives have been implemented through collaborations with faith-based institutions, little is known about best practices for developing such programs. Using a community-based participatory approach, this case study examines the implementation of an initiative in the Bronx, New York, that is designed to educate community members about health promotion and disease management and to mobilize church members to seek equal access to health care services. The study used qualitative methods, including the collaborative development of a logic model for the initiative, focus groups, interviews, analysis of program reports, and participant observation. The paper examines three key aspects of the initiative's implementation: (1) the engagement of the church leadership; (2) the use of church structures as venues for education and intervention; and (3) changes in church policies. Key findings include the importance of pre-existing relationships within the community and the prominent agenda-setting role played by key pastors, and the strength of the Coalition's dual focus on health behaviors and health disparities. Given the churches' demonstrated ability to pull people together, to motivate and to inspire, there is great potential for faith-based interventions, and models developed through such interventions, to address health disparities.

Kelly, B., McClement, S., Chochinov and Harvey, M. [Centre for Rural and Remote Mental Health, University of Newcastle, Orange, NSW, Australia; brian.kelly@newcastle.edu.au]. "Measurement of psychological distress in palliative care." *Palliative Medicine* 20, no. 8 (Dec 2006): 779-789.

This review of psychological distress in palliative care includes the National Comprehensive Cancer Network's "Distress Thermometer" (with one of the domains in its associated "problem list" being "Spiritual/Religious Concerns," which asks patients whether the cause of distress lies in "relating to God," "loss of faith," or "other problems"), a one-item measure asking, "Are you at peace?" [--this recently published measure by Steinhauser, et al. is noted elsewhere in this bibliography], and the FACIT-Sp. See especially pp. 780 and 781.

Kennedy, V. and Lloyd-Williams, M. [Division of Primary Care, School of Population, Community and Behavioural Sciences, University of Liverpool, UK]. "Maintaining hope: communication in palliative care." *Recent Results in Cancer Research* 168 (2006):47-60.

This general overview of the literature regarding *hope* mentions spirituality *passim* and in particular in the section, The Role of Spirituality, on pp. 55-57. [89 references.]

Kiesling, C., Sorell, G. T., Montgomery, M. J. and Colwell, R. K. [Christian Education, Asbury Theological Seminary, Wilmore, KY 40390; Chris\_Kiesling@asburyseminary.edu]. "Identity and spirituality: a psychosocial exploration of the sense of spiritual self." *Developmental Psychology* 42, no. 6 (Nov 2006): 1269-1277.

[Abstract:] The authors examined the structure and content of adults' sense of spiritual identity by analyzing semistructured interviews with 13 spiritually devout men and 15 devout women, ages 22 to 72. Individuals' responses to the Role-Related Identity Interview (G. T. Sorell, M. J.

Montgomery, & N. A. Busch-Rossnagel, 1997b) were content analyzed and rated on the role-related spiritual identity dimensions of role salience and flexibility. Individuals were categorized as spiritually foreclosed, achieved, or in moratorium, on the basis of their motivational, affective, self-evaluative, and behavioral investments in spiritually defined roles and their reflectiveness about and behavioral changes in role-related spiritual identity. Similarities and differences within and between spiritual identity status groups were observed, suggesting a variety of ways that spiritual identity provides a sense of continuity as well as a domain for adult developmental change.

Kim, K. H. [Department of Health Education and Health Behavior, University of Arkansas for Medical Sciences, 4301 West Markham, #820, Little Rock, AR 72205-7199; khk@uams.edu]. "**Religion, body satisfaction and dieting.**" *Appetite* 46, no. 3 (May 2006): 285-296.

[Abstract:] Western societal pressures of thinness have assigned worth to the ideal body, contributing to body dissatisfaction and increased dieting. A social factor that may serve as an alternative avenue of worth than the body is religion. Survey data from a community sample (n=546) was collected to examine religion's relationships with body satisfaction and dieting. Religion was significantly related to greater body satisfaction and less dieting, and specifically negative aspects of religion were related to lower body satisfaction and greater dieting. Those utilizing more negative religious coping had lower body satisfaction (women:  $r=-0.47$ ; men:  $r=-0.58$ ). Self-esteem was a mediator in these relationships. In women, those reporting higher negative congregational social support were more likely to diet than those reporting lower levels (CI: 2.0; 1.2, 3.5). Overall, religion was related to body satisfaction and dieting, with specifically negative aspects of religion having more consistent and stronger relationships than other components of religion.

King, D. E. [Department of Family Medicine, Medical University of South Carolina, Charleston, SC 29464; kingde@musc.edu]. "**Spirituality, health, and medical care of adults.**" *Southern Medical Journal* 99, 10 (Oct 2006): 1166-1167.

This very brief overview is part of the journal's series of special sections on Spirituality & Medicine.

King, M., Jones, L., Barnes, K., Low, J., Walker, C., Wilkinson, S., Mason, C., Sutherland, J. and Tookman, A. [Dept. of Mental Health Sciences, Royal Free and University College Medical School, University College London, UK; m.king@medsch.ucl.ac.uk]. "**Measuring spiritual belief: development and standardization of a Beliefs and Values Scale.**" *Psychological Medicine* 36, no. 3 (Mar 2006): 417-425.

[Abstract:] BACKGROUND: Higher levels of religious involvement are modestly associated with better health, after taking account of other influences, such as age, sex and social support. However, little account is taken of spiritual beliefs that are not tied to personal or public religious practice. Our objective was to develop a standardized measure of spirituality for use in clinical research. METHOD: We characterized the core components of spirituality using narrative data from a purposive sample of people, some of whom were near the end of their lives. These data were developed into statements in a scale to measure strength of spiritual beliefs and its reliability, validity and factor structure were evaluated in order to reach a final version. RESULTS: Thirty-nine people took part in the qualitative study to define the nature of spirituality in their lives. These data were used to construct a 47-item instrument that was evaluated in 372 people recruited in medical and non-medical settings. Analysis of these statements led to a 24-item version that was evaluated in a further sample of 284 people recruited in similar settings. The final 20-item questionnaire performed with high test-retest and internal reliability and measures spirituality across a broad religious and non-religious perspective. CONCLUSIONS: A measure of spiritual belief that is not limited to religious thought, may contribute to research in psychiatry and medicine.

King, S. D., Jarvis, D. and Schlosser-Hall, A. [Pastoral Care, Seattle Cancer Care Alliance, PO Box 19023, G-6102, Seattle, WA 98109]. "**A model for outpatient care.**" *The Journal of Pastoral Care & Counseling: JPCC* 60, nos. 1-2 (Spring-Summer 2006): 95-107.

[Abstract:] Chaplains have seriously discussed outpatient care for a number of years. This article describes a model of thorough and intentional outpatient care that is practiced in conjunction with an inpatient care to cancer populations. Rationales, values, institutional dynamics, and clinical care are discussed. Although the focus is on outpatient care where slightly more than 50% of personnel resources are invested, the care also occurs in the context of both inpatient care and follow-up care after discharge to home. A general model of spiritual and religious care and more specific models pertinent to hematopoietic stem cell transplant populations and general oncology populations are described. The models attend times of distress and times of "ordinary" and celebratory experiences, attend care of patient, caregiver, and staff.

Kleiman, S. [Department of Nursing, Lehman College, City University of New York, 250 Bedford park Blvd. West, Bronx, New York 10468; susank@humanistic-nursing.com]. "**Discovering cultural aspects of nurse-patient relationships.**" *Journal of Cultural Diversity* 13, no. 2 (2006): 83-86.

This article includes a scenario of an Emergency Room patient who, for reasons of her religious/cultural tradition, resisted being touched by health care providers of the opposite sex. See pp. 85-86.

Koenig, H. G. [Dept. of Psychiatry & Behavioral Sciences, Duke University Medical Center, Durham, NC; koenig@geri.duke.edu]. "**Annotated bibliography on religion, spirituality and medicine.**" *Southern Medical Journal* 99, no. 10 (Oct 2006): 1189-1196.

This select, annotated bibliography of recent articles comes from one of the leaders in spirituality & health research. It is part of the journal's series of special sections on Spirituality & Medicine.

Koenig, H. G. [Dept. of Psychiatry & Behavioral Sciences, Duke University Medical Center, Durham, NC; koenig@geri.duke.edu]. "**The spiritual history.**" *Southern Medical Journal* 99, no. 10 (Oct 2006): 1159-1160.

This clinically-minded, very brief overview is part of the journal's series of special sections on Spirituality & Medicine.

Koenig, H. G. [Dept. of Psychiatry & Behavioral Sciences, Duke University Medical Center, Durham, NC; koenig@geri.duke.edu]. "**Suicide in the elderly: case discussion.**" *Southern Medical Journal* 99, no. 10 (Oct 2006): 1188.

This brief case discussion, by a leader in spirituality & health research, is part of the journal's series of special sections on Spirituality & Medicine.



Koenig, H. G. and Cohen, H. J. [Department of Psychiatry & Behavioral Sciences, and the Center for Aging, Duke University Medical Center, Durham, NC 27710; koenig@geri.duke.edu]. **“Spirituality across the lifespan.”** *Southern Medical Journal* 99, no. 10 (Oct 2006): 1157-1158.

This very brief overview is part of the journal's series of special sections on Spirituality & Medicine.

Krause, N. [Department of Health Behavior and Health Education, School of Public Health, University of Michigan, Ann Arbor, MI 48109-2029; nkrause@umich.edu]. **“Church-based social support and mortality.”** *Journals of Gerontology Series B-Psychological Sciences & Social Sciences* 61, no. 3 (May 2006): S140-146.

[Abstract:] OBJECTIVES: The purpose of this study was to see if support provided and received from fellow church members reduced the deleterious effects of financial strain on mortality in late life. METHODS: Interviews were conducted with a nationwide sample of 1,500 older adults in 2001 and 2004. Participants were asked in 2001 about financial strain, church-based social support, and a range of private and public religious practices. Mortality status was determined at the follow-up interview in 2004. RESULTS: The findings indicated that providing social support to fellow church members reduced the effects of support providers' own financial problems on mortality. In contrast, the data suggested that receiving support from people at church did not have the same stress-buffering effect. DISCUSSION: Finding ways to help older adults become more involved in providing support to others at church may form the basis for developing interventions aimed at improving their quality of life.

Krause, N. [Department of Health Behavior and Health Education, School of Public Health and Institute of Gerontology, the University of Michigan, 1420 Washington Heights, Ann Arbor, MI 48109-2029; nkrause@umich.edu]. **“Exploring the stress-buffering effects of church-based and secular social support on self-rated health in late life.”** *Journals of Gerontology Series B-Psychological Sciences & Social Sciences* 61, no. 1 (Jan 2006): S35-43.

[Abstract:] OBJECTIVES: The purpose of this study is to see if emotional support received from fellow church members and emotional support from secular social networks reduce the effects of financial strain on self-rated health. A second goal is to determine if church-based social support is a more important coping resource for older Blacks than for older Whites. METHODS: The data come from the second wave of interviews with a nationwide sample of older people. Two groups of older adults are included in the analyses: Older Christians who go to church more than twice a year (N=548) and older people who do not go to church as frequently (N=238). RESULTS: The data suggest that support from fellow church members tends to reduce the impact of financial strain on self-rated health, but support from secular network members fails to exert a similar effect. The findings also reveal that the stress-buffering effects of church-based support emerge among older Blacks, but not older Whites. DISCUSSION: The findings from this study suggest that there may be something relatively unique about support that is provided by fellow church members.

Kremer, H. and Ironson, G. [Department of Psychology, University of Miami, Coral Gables, FL; HeidemarieKremer@yahoo.de]. **“To tell or not to tell: why people with HIV share or don't share with their physicians whether they are taking their medications as prescribed.”** *AIDS Care* 18, no. 5 (Jul 2006): 520-528.

Among the findings of this qualitative study of 79 HIV-positive patients [from the abstract:] Patients are more likely to inform physicians why they take than why they do not take [antiretroviral treatment] ART ( $p < 0.01$ ). Only half of those not taking ART shared the reasons for their decision with their physician. The six motives were: anticipation that physicians will not support the decision, cannot discuss feelings, lack of trust in physician's opinion, unable to discuss spiritual/moral issues, no need for physician to know, and not seen physician yet....

Kremer, H., Ironson, G., Schneiderman, N. and Hautzinger, M. [Department of Psychology, University of Miami, Miami, FL; HKremer@miami.edu]. **“To take or not to take: decision-making about antiretroviral treatment in people living with HIV/AIDS.”** *AIDS Patient Care & STDs* 20, no. 5 (May 2006): 335-349.

[From the abstract:] ...This substudy of a longitudinal study of psychobiologic aspects of long-term survival, conducted in 2003, compares the rationales of HIV-positive individuals ( $n = 79$ ) deciding to take or not to take ART. ...Diagnosis was on average 11 years ago; 36% were female, 42% African American, 28% Latino, 24% white, and 6% other. Qualitative content analysis of semistructured interviews identified 10 criteria for the decision to take or not to take ART: CD4/viral load counts (87%), quality of life (85%), knowledge/ beliefs about resistance (66%), mind-body beliefs (65%), adverse effects of ART (59%), easy-to-take regimen (58%), spirituality/worldview (58%), drug resistance (41%), experience of HIV/AIDS symptoms (39%), and preference for complementary/alternative medicine (17%).... Decisions to take or not to take ART depend not only on patient medical characteristics, but also on individual beliefs about ART, complementary/alternative medicine, spirituality, and mind-body connection....

Kring, D. L. [Moses H. Cone Memorial Health System, Greensboro, NC; dlkring@uncg.edu]. **“An exploration of the good death.”** *Advances in Nursing Science* 29, no. 3 (Jul-Sep 2006): E12-24.

[Abstract:] For many patients with a life-threatening illness, modern hospitals prevent a good death. When aggressive treatment is selected for a disease process with a remote cure, nurses engage in patient care that is psychologically exhausting and ethically demoralizing. Nursing is well positioned to lead a paradigm shift regarding end-of-life care. The concept of good death is explored through sociology, Christian theology, medicine, and nursing. Of the many determinants for a good death, the ones that transcend the disciplines include making adequate preparations, experiencing no unpleasant symptoms, having someone by one's side, and being spiritually whole. Empirical indicators for measuring a good death are also explored. [44 references.]

Krupski, T. L., Kwan, L., Fink, A., Sonn, G. A., Maliski, S. and Litwin, M. S. [Department of Urology, David Geffen School of Medicine, University of California, Los Angeles, CA 90095-1738; tkrupski@mednet.ucla.edu]. **“Spirituality influences health related quality of life in men with prostate cancer.”** *Psycho-Oncology* 15, no. 2 (Feb 2006): 121-131.

[Abstract:] Spirituality is interdependent with the biological, psychological, and interpersonal aspects of life. Although spirituality has been studied in breast cancer survivors, little work has been done in men with prostate cancer. We sought to determine whether lower spirituality in men with early stage prostate cancer is associated with worse general health-related quality of life (HRQOL), disease-specific HRQOL, or psychosocial health. Two hundred and twenty-two subjects were drawn from a state-funded program providing free prostate cancer treatment to indigent men. Validated instruments captured spirituality, general and disease-specific HRQOL, anxiety, symptom distress, and emotional well-being. We found a consistent relationship between spirituality and the outcomes assessed. Low spirituality was associated with



significantly worse physical and mental health, sexual function and more urinary bother after controlling for covariates. All of the psychosocial variables studied reflected worse adjustment in the men with low spirituality. Because the likelihood of prostate cancer survivorship is high, interventions targeting spirituality could impact the physical and psychosocial health of many men.

Kuhl, D. R. **"Spirituality at the end of life."** *Journal of Cancer Education* 21, no. 1 (2006): 19-22.

The author, a physician, presents two patients cases illustrative of the "lived experience" of people confronted with their mortality. The article is part of the journal's Special Section on Spirituality in Cancer. [This article is part of the journal's special theme issue on spirituality and cancer.]

la Cour, P., Avlund, K. and Schultz-Larsen, K. [Department of Health Psychology, Institute of Public Health, Copenhagen University, Blegdamsvej 3, 2200 Copenhagen N, Denmark; p.lacour@pubhealth.ku.dk]. **"Religion and survival in a secular region. A twenty year follow-up of 734 Danish adults born in 1914."** *Social Science & Medicine* 62, no. 1 (Jan 2006): 157-164.

[Abstract:] The aim of the study was to analyze associations of religiosity and mortality in a secular region. The sample consisted of 734 Danish, community dwelling elderly persons, living in a secular culture, and all aged 70 when primary data were collected. Secondary data consisted of a 20-year follow-up on vital status or exact age of death. The study was designed to be highly comparable to studies conducted in more religious environments in order to compare results. Three variables of religion were investigated in relation to survival: importance of affiliation, church attendance and listening to religious media. Relative hazards (RH) of dying were controlled in models including gender, education, medical and mental health, social relations, help given and received, and health behavior. The results showed significant and positive associations between claiming religious affiliation important and survival (relative hazard of dying=RH .70; 95% CI .58-.85) and church attendance and survival (RH .73; 95% CI .64-.87). Results decreased and only stayed significant regarding church attendance when controlled for covariates. Nearly all significant effects were seen in women, but not in men. The effect size of the full sample is less than in more religious environments in United States samples. Although the positive overall RHs are comparable to those of other studies, the mediating variables and pathways of effects seem dissimilar in this sample from a secular environment. Receiving and especially giving help to others is suggested as variables of explanatory value.

Lai, A. [Department of Religious Education, Vancouver School of Theology, 6000 Iona Drive, Vancouver, BC V6T 1L4, Canada; alanlai@vst.edu]. **"Eye on religion: cultural signs and caring for Chinese patients."** *Southern Medical Journal* 99, no. 6 (Jun 2006): 688-689.

This is a brief consideration of issues regarding Chinese patients, as part of the journal's Eye on Religion series--a regular feature of the journal's special sections on Spirituality & Medicine. See also the article by Visscher, C., also noted in this bibliography.

Landtblom, A. M. [Motala General Hospital and Division of Neurology, Linköping University, SE 581 85 Linköping, Sweden; annemarie.landtblom@lio.se]. **"The "sensed presence": an epileptic aura with religious overtones."** *Epilepsy & Behavior* 9, no. 1 (Aug 2006): 186-188.

[Abstract:] "Sensed presence," a religious emotion, has been the focus of recent neurotheological research because it has been claimed that weak transcranial magnetic stimulation can evoke such experiences. Some researchers have recently questioned this claim. However, religion and epilepsy have been linked through history, clinical observations, and research. This article describes the "sensed presence" as an aura in one patient who did not interpret his experience in a religious way. He had bilateral hypoperfusion of the temporal lobes when investigated by SPECT, and hypoplasia of the dorsal part of the left hippocampus when examined by magnetic resonance imaging. This case report illustrates that "sensed presence" can occur as an epileptic aura with or without religious interpretation.

Lauder, W., Mummery, K. and Sharkey, S. [School of Nursing & Midwifery, University of Dundee, Dundee, UK]. **"Social capital, age and religiosity in people who are lonely."** *Journal of Clinical Nursing* 15, no. 3 (Mar 2006): 334-340.

[From the abstract:] ...Loneliness is the subjective experience of social isolation and is a risk factor for a wide range of health problems including heart disease and depression. Poor self-rated health, domestic violence and poor economic conditions are associated with greater loneliness. DESIGN: The study was a cross-sectional survey of a random sample of adults aged 18 years and over. METHODS: A random sample of 1289 subjects was interviewed by computer-assisted telephone interviewing. This interview included the Loneliness Scale and items from the Social Capital Module of the General Household Survey. FINDINGS: Loneliness is more common in men and people without strong religious beliefs. An income-loneliness gradient is evident. Little support was found for the association between social capital and loneliness....

Lechner, S. C., Carver, C. S., Antoni, M. H., Weaver, K. E. and Phillips, K. M. [Biobehavioral Oncology and Cancer Control Program, University of Miami School of Medicine, Miami, FL 33101; slechner@med.miami.edu]. **"Curvilinear associations between benefit finding and psychosocial adjustment to breast cancer."** *Journal of Consulting & Clinical Psychology* 74, no. 5 (Oct 2006): 828-840.

[Abstract:] Two previously studied cohorts of women with nonmetastatic breast cancer (Ns = 230 and 136) were reexamined. Participants were assessed during the year after surgery and 5-8 years later. Associations were examined between benefit finding (BF) and several indicators of psychosocial adjustment (e.g., perceived quality of life, positive affect, negative affect, social disruption, and intrusive thoughts). Significant curvilinear relations between BF and other outcomes were observed cross-sectionally during initial assessment and at long-term follow-up in both samples. Compared with the intermediate BF group, low and high BF groups had better psychosocial adjustment. Further analyses indicated that the high BF group reported higher optimism and more use of positive reframing and religious coping than the other BF groups. Discussion highlights the need to examine nonlinear as well as linear relationships.

Lester, D. [Center for the Study of Suicide, RR41, 5 Stonegate Court, Blackwood, NJ 08012-5356; lesterd@stockton.edu]. **"Suicide and Islam."** *Archives of Suicide Research* 10, no. 1 (2006): 77-97.

[Abstract:] Much of the research on suicidal behavior in Muslim countries has been simple descriptive studies of samples of completed and attempted suicides. Despite this, and despite the possible under-reporting of suicidal behavior in countries where such behavior is illegal, suicide rates do appear to be lower in Muslims than in those of other religions, even in countries which have populations belonging to several religious groups. Rates of attempted suicide, on the other hand, do not appear to be lower in Muslims as compared to non-Muslims. Research into this topic has been quite poor, failing to take into account the ethnic background and the Islamic sect to which the suicidal subjects

belonged. Reasons for the low rate of completed suicide in Muslims are reviewed, including differences in values and socio-economic status. [128 references.]

Leung, K. K., Chiu, T. Y. and Chen, C. Y. [Department of Family Medicine, National Taiwan University Hospital and College of Medicine, Taipei, Taiwan]. **“The influence of awareness of terminal condition on spiritual well-being in terminal cancer patients.”** *Journal of Pain & Symptom Management* 31, no. 5 (May 2006): 449-456.

[Abstract:] We developed a Spirituality Transcendence Measure (STM) and studied whether awareness of terminal illness affects spiritual well-being in terminal cancer patients. Three sources of spiritual transcendence--the situational, the moral and biographical, and the religious aspect--were assessed in the STM. Cronbach's alpha of the STM was 0.95, and the principle axis factor analysis extracted only one factor. Thirty-seven terminal cancer patients with male predominance (59.5%) were studied. Awareness of terminal illness was associated with a higher total STM score ( $Z = -2.21$ ,  $P = 0.027$ ), along with the individual scores for each of the three transcendences ( $Z = -2.39$ ,  $P = 0.017$ ;  $Z = -2.71$ ,  $P = 0.007$ ; and  $Z = -1.96$ ,  $P = 0.050$ ). Acceptance of death was associated with a higher situational score ( $Z = 2.01$ ,  $P = 0.046$ ) and a higher religious score ( $Z = -2.27$ ,  $P = 0.023$ ). Announcement of testament was associated with a higher situational score ( $Z = -2.30$ ,  $P = 0.021$ ). We conclude that awareness of terminal illness is associated with spiritual well-being. Telling the complete truth is necessary even when dealing with terminal conditions. [This study has been reviewed on the website of the Research Network of the Association for Clinical Pastoral Education at [www.ACPEresearch.net](http://www.ACPEresearch.net) --see the site's September 2006 Article-of-the-Month page.]

Levin, J., Chatters, L. M. and Taylor, R. J. [School of Public Health, Institute for Social Research, University of Michigan, Ann Arbor, MI]. **“Religious factors in health and medical care among older adults.”** *Southern Medical Journal* 99, no. 10 (Oct 2006): 1168-1169.

This very brief overview is part of the journal's series of special sections on Spirituality & Medicine.

Levy, R. D. and Chan, J. [Temple Beth Emeth, 2309 Packard Rd., Ann Arbor, MI 48104]. **“Spiritual coaching in cancer patients: treating the spirit as well as the disease.”** *The Journal of Pastoral Care & Counseling: JPCC* 60, no. 4 (2006): 395-404.

[Abstract:] Interest in the exploration of spirituality in medical practice has been growing recently due to some studies suggesting its role in the improvement of patient well-being and quality of life. This project examined the feasibility of providing spiritual coaching with patients in an outpatient Radiation Oncology clinic setting. The purpose of spiritual coaching was to provide patients with opportunities to explore their current spiritual lives, increase their involvement in spiritually enhancing activities, and expand their spiritual opportunities. Quality-of-life measurements focused on feelings of hopefulness and distress were used in patients undergoing radiation treatment for cancer. This study suggests that there is a potential benefit for spiritual coaching in the care of cancer patients, and future studies will be done to further elucidate the relationship of spirituality and quality of life in this population.

Lewis-Coles, M. E. and Constantine, M. G. [Department of Counseling, John Jay College of Criminal Justice, New York, NY 10019; [malewis@jjay.cuny.edu](mailto:malewis@jjay.cuny.edu)]. **“Racism-related stress, Africultural coping, and religious problem-solving among African Americans.”** *Cultural Diversity & Ethnic Minority Psychology* 12, no. 3 (Jul 2006): 433-443.

[Abstract:] This study explored the extent to which three types of racism-related stress (i.e., individual, institutional, and cultural) would predict the use of specific Africultural coping strategies (i.e., cognitive/emotional debriefing, spiritual-centered, collective, and ritual-centered coping) and religious problem-solving styles (i.e., self-directing, deferring, and collaborative) in a sample of 284 African American men and women. The authors found that higher institutional racism-related stress was associated with greater use of cognitive/emotional debriefing, spiritual-centered, and collective coping in African American women. Findings also indicated that higher cultural racism-related stress was predictive of lower use of self-directing religious problem-solving in African American women. Moreover, higher perceived cultural racism-related stress was related to greater use of collective coping strategies in African American men. Individual racism-related stress was not predictive of any forms of Africultural coping strategies or religious problem-solving. Implications of the findings are discussed.

Links, M. [Cancer Care Centre, University of New South Wales Clinical School, St George Hospital, Kogarah, NSW 2217, Australia; [Matthew.Links@sesiahs.health.nsw.gov.au](mailto:Matthew.Links@sesiahs.health.nsw.gov.au)]. **“Analogies between reading of medical and religious texts.”** *BMJ* 333, no. 7577 (Nov 18, 2006): 1068-1070.

The author uses the analogy of difference and disagreement in the interpretation of religious texts to comment on difference and disagreement in medical interpretation of data. He contrasts “conservative” and “liberal” perspectives on medical evidence and draws a particular connection between “religious fundamentalism” and “medical fundamentalism.”

Lloyd, M. [[mlloyd4@optusnet.com.au](mailto:mlloyd4@optusnet.com.au)]. **“Resilience promotion--its role in clinical medicine.”** *Australian Family Physician* 35, nos. 1-2 (Jan-Feb, 2006): 63-64.

The author, a retired geriatrician, addresses the concept of *resilience promotion* and connects it to the concept of *spirituality*.

Lobar, S. L., Youngblut, J. M. and Brooten, D. [Florida International University, School of Nursing, Center for Leadership in Pediatric and Family Nursing, Miami, FL]. **“Cross-cultural beliefs, ceremonies, and rituals surrounding death of a loved one.”** *Pediatric Nursing* 32, no. 1 (Jan-Feb 2006): 44-50.

[Abstract:] The purpose of this qualitative study was to describe practices surrounding death of a loved one by European, Asian, Caribbean, Central American, and South American families living in the United States. A focus group with 14 masters nursing students from a wide variety of cultural and religious backgrounds was conducted to gain a better understanding of the beliefs, ceremonies, and rituals surrounding death. Many commonalities were found across cultures and religions. A pervasive theme was that beliefs about the soul of the deceased lead families to perform rituals and ceremonies that foster passage to God, the “light,” or another life. The stronger their beliefs, the more dedicated the family is in completing the rituals and ceremonies in the way dictated by their religion or culture. Participants had difficulty separating the influence of culture and religion on these practices.

Logan, J., Hackbusch-Pinto, R. and De Grasse, C. E. [Health Sciences at the University of Ottawa, Canada; [jlogan@uottawa.ca](mailto:jlogan@uottawa.ca)]. **“Women undergoing breast diagnostics: the lived experience of spirituality.”** *Oncology Nursing Forum* 33, no. 1 (Jan 2006): 121-126.

[Abstract:] PURPOSE/OBJECTIVES: To explore perceptions of spirituality in women who had undergone a breast diagnostic experience. RESEARCH APPROACH: Qualitative, phenomenologic study using Giorgi's approach. SETTING: An outpatient comprehensive breast assessment center. PARTICIPANTS: 20 Caucasian women, aged 30-89, who had just completed the diagnostic process, including definitive diagnosis, regarding a breast abnormality. METHODOLOGIC APPROACH: In-depth, semistructured, tape-recorded, and transcribed interviews analyzed using the Giorgi method of coding, transforming, and synthesizing data. MAIN RESEARCH VARIABLES: Descriptions of spirituality, spiritual needs, and supporting spirituality. FINDINGS: Two themes emerged: creating a focused isolation and seeking connections. Women created a private mental world in which to concentrate on the stressful diagnostic process. Within the isolation, women explored their personal strength and their connection to God or their spiritual beliefs. When the stress began to overwhelm, they sought out loved ones for support and diversion. Women found the center's staff to be supportive; however, many did not wish to speak to an agency chaplain during the uncertain period. CONCLUSIONS: Women needed to handle the stress alone, with reliance on spirituality and God that was balanced with a need for specific connections to family members or close friends. INTERPRETATION: Nurses can support women's need to focus and can assist family members to understand their role during the diagnostic period. The diagnostic period can be used to talk with women about their spiritual beliefs, their needs, and possible referral to a chaplain.

Loue, S. and Sajatovic, M. [Department of Epidemiology and Biostatistics, Center for Minority Public Health, School of Medicine, Case Western Reserve University, Cleveland, OH; Sana.Loue@cwru.edu]. **"Spirituality, coping, and HIV risk and prevention in a sample of severely mentally ill Puerto Rican women."** *Journal of Urban Health* 83, no. 6 (Nov 2006): 1168-1182.

[Abstract:] Hispanics have been disproportionately impacted by HIV/AIDS. Although HIV risk is significantly elevated among severely mentally ill persons (SMI), the risk of infection appears to be even greater among those SMI who are Hispanic, reflecting the increased risk of HIV among Hispanics. We report on findings from the first 41 participants in a qualitative study examining the context of HIV risk and risk reduction strategies among severely mentally ill Puerto Rican women residents in northeastern Ohio. Individuals participated in a baseline interview, two follow-up interviews, and up to 100 hours of shadowing. Interviews and shadowing activities were recorded and analyzed using a grounded theory. The majority of individuals reported using identification with a religious faith. A large proportion of the participants reported that their religious or spiritual beliefs were critical to their coping, had influenced them to reduce risk, and/or provided them with needed social support. Several participants also reported having experienced rejection from their faith communities. The emphasis on spirituality among Puerto Rican SMI is consistent with previous research demonstrating the importance of spirituality in the Hispanic culture and reliance on spiritual beliefs as a mean of coping among SMI. Our results support the incorporation of spiritual beliefs into secular HIV prevention efforts.

Loustalot, F. V., Wyatt, S. B., Boss, B. and McDyess, T. [School of Nursing, University of Mississippi Medical Center, Jackson, MS; fvloustalot@medicine.umsmed.edu]. **"Psychometric examination of the Daily Spiritual Experiences Scale."** *Journal of Cultural Diversity* 13, no. 3 (2006): 162-167.

[Abstract:] Despite the burgeoning research literature addressing spirituality and its measurements, few instruments have undergone rigorous reliability and validity testing. This study contributed to determining the reliability and validity of the 16- and 6-item Daily Spiritual Experiences Scale (DSES) in a convenience sample of African Americans ages 34-85. Data were collected via self-administered questionnaire including the DSES and sociodemographic variables thought to influence spiritual experiences. Data were analyzed using paired t-tests, ANOVA, inter-class correlation coefficients, Pearson's correlation, and Cronbach's alpha. Both versions were stable over time, internally consistent, and the forms were equivalent and valid in an all-African American sample.

MacGillivray, P. S., Sumsion, T. and Wicks-Nicholls, J. [Faculty of Medicine, University of Ottawa, Ontario, Canada]. **"Critical elements of spirituality as identified by adolescent mental health clients."** *Canadian Journal of Occupational Therapy - Revue Canadienne d'Ergotherapie* 73, no. 5 (Dec 2006): 295-302.

[Abstract:] BACKGROUND: Client spirituality has been recognized as a central component of Canadian occupational therapy, but little research has been conducted in this area. PURPOSE: This exploratory study attempted to gain insight into the relevant elements of spirituality and its importance to inpatient adolescent mental health clients. METHOD: An adolescent spirituality questionnaire was developed from definitions of spirituality in the literature, modified by a focus group consisting of members of the target population, and administered to 11 respondents. RESULTS: Elements related to the individual and lifelong pursuits of the individual were most closely associated with spirituality while those items traditionally connected with spirituality and with external pursuits, activities, and relationships are considered less relevant by this population. Results suggest that spirituality is important to a majority of inpatient adolescent mental health clients. PRACTICE IMPLICATIONS: It is suggested that more studies drawing information on spirituality directly from specific client populations are essential for the occupational therapy community to improve its comprehension of, and to better its ability to address in practice, the critical area of client spirituality.

Mako, C., Galek, K. and Poppito, S. R. [Spiritual Pain Project, Bronx, NY; caterinamako@enter.net]. **"Spiritual pain among patients with advanced cancer in palliative care."** *Journal of Palliative Medicine* 9, no. 5 (Oct 2006): 1106-1113.

[Abstract:] BACKGROUND: The large body of empirical research suggesting that patients' spiritual and existential experiences influence the disease process has raised the need for health care professionals to understand the complexity of patients' spiritual pain and distress. OBJECTIVE: The current study explores the multidimensional nature of spiritual pain, in patients with end-stage cancer, in relation to physical pain, symptom severity, and emotional distress. DESIGN/MEASUREMENTS: The study combines a quantitative evaluation of participants' intensity of spiritual pain, physical pain, depression, and intensity of illness, with a qualitative focus on the nature of patients' spiritual pain and the kinds of interventions patients believed would ameliorate their spiritual pain. SETTING/SUBJECTS: Fifty-seven patients with advanced stage cancer in a palliative care hospital were interviewed by chaplains. RESULTS: Overall, 96% of the patients reported experiencing spiritual pain, but they expressed it in different ways: (1) as an intrapsychic conflict, (2) as interpersonal loss or conflict, or (3) in relation to the divine. Intensity of spiritual pain was correlated with depression ( $r = 0.43$ ,  $p < 0.001$ ), but not physical pain or severity of illness. The intensity of spiritual pain did not vary by age, gender, disease course or religious affiliation. CONCLUSIONS: Given both the universality of spiritual pain and the multifaceted nature of pain, we propose that when patients report the experience of pain, more consideration be given to the complexity of the phenomena and that spiritual pain be considered a contributing factor. The authors maintain that spiritual pain left unaddressed both impedes recovery and contributes to the overall suffering of the patient.

- Margolin, A., Beitel, M., Schuman-Olivier, Z. and Avants, S. K. [Yale University School of Medicine, New Haven, CT 06519; arthur.margolin@yale.edu]. **“A controlled study of a spirituality-focused intervention for increasing motivation for HIV prevention among drug users.”** *AIDS Education & Prevention* 18, no. 4 (Aug 2006): 311-322.  
 [Abstract:] Spiritual Self-Schema (3-S) therapy is a manual-guided intervention for increasing motivation for HIV prevention that integrates a cognitive model of self within a Buddhist framework suitable for people of all faiths. In this controlled study, 72 methadone-maintained clients received either standard care and 8 weeks of 3-S therapy, or standard care alone. At treatment completion, 3-S clients reported significantly greater increases in spiritual practices, expression of spiritual qualities, and motivation for HIV prevention. They were also less likely to have engaged in HIV risk behavior. Correlational analyses showed that attendance at 3-S therapy sessions was significantly positively related to spiritual practice at treatment completion and to motivation for HIV prevention, and that both attendance at 3-S sessions and motivation for HIV preventive behavior were significantly negatively related to HIV risk behavior. Completion of 3-S therapy predicted posttreatment HIV preventive behavior, controlling for pretreatment behavior, demographics, and addiction severity measures (odds ratio = 8.89; 95% confidence interval = 1.62-48.93).
- Martin, V. C. and Roberto, K. A. [James Madison University, Department of Nursing, Harrisonburg, VA 22807]. **“Assessing the stability of values and health care preferences of older adults: a long-term comparison.”** *Journal of Gerontological Nursing* 32, no. 11 (Nov 2006): 23-31. Quiz on pp. 32-33.  
 This study of 21 older adults in late life looked at value indicators that influenced health care decision-making processes and the consistency of health care decisions concerning treatment scenarios. The importance of religion/spirituality is noted *passim* and especially on pp. 27-28 and 29. Participants generally exhibited stability in values affecting decisions and in the decisions themselves.
- Maselko, J. and Kubzansky, L. D. [Harvard School of Public Health, Boston, MA; jmaselko@hsph.harvard.edu]. **“Gender differences in religious practices, spiritual experiences and health: results from the US General Social Survey.”** *Social Science & Medicine* 62, no. 11 (Jun 2006): 2848-2860.  
 [Abstract:] Even though a majority of Americans report having spiritual/religious beliefs, the role of different dimensions of spirituality/religiosity in health is not well understood. Moreover, given that the experience of spirituality/religiosity differs for men and women, it is possible that the strength of the association between spirituality/religiosity and health may also differ by gender. The purpose of this study is to examine the relationship between spirituality/religiosity and three markers of health and well-being, and any gender differences in these relationships. First, we test the hypothesis that engagement with formal religious institutions (i.e. public religious activity) will be more beneficial for men than for women and we examine the role of denominational affiliation in any observed differences. Second, we directly compare effects of three different kinds of religious activities (public and private religious activity and spiritual experience) on health and well-being. Data are from the 1998 US General Social Survey, a nationally representative sample of non-institutionalized adults. Participants were asked about the frequency of engaging in public and private religious activities and having spiritual experiences. Psychological distress, happiness and self-rated health were used as indicators of health and well-being. Results suggest that weekly public religious activity was significantly associated with better health and well-being. Furthermore, this relationship was stronger for men than women and was influenced by denominational affiliation. When public religious activity, private religious activity and spiritual experiences were considered simultaneously, public religious activity emerged as the most consistent predictor of health and well-being among men. Among women, both public religious activity and spiritual experiences maintained an independent association with the health and well-being. These results suggest that it may not be appropriate to generalize findings about the relationship between spirituality/religiosity and health from one form of spirituality/religiosity to another, across denominations, or to assume effects are uniform for men and women.
- Maselko, J., Kubzansky, L., Kawachi, I., Staudenmayer, J. and Berkman, L. [Department of Society, Human Development and Health, Harvard School of Public Health, Boston, MA 02115; jmaselko@hsph.harvard.edu]. **“Religious service attendance and decline in pulmonary function in a high-functioning elderly cohort.”** *Annals of Behavioral Medicine* 32, no. 3 (Dec 2006): 245-253.  
 [From the abstract:] ...The sample consisted of 1,174 healthy elderly persons enrolled in the MacArthur Study of Successful Aging who were followed for an average of 4.6 years. Information on frequency of religious service attendance and peak expiratory flow rate (PEFR) was collected over 3 waves. A linear mixed model with repeated measures was used to compare rate of decline in PEFR between those who attended religious services regularly and those who did not. RESULTS: Regular religious service attendance was associated with a slower pulmonary function decline among men (by 3.71 L/min per year,  $p = .02$ ) and women (by 3.27 L/min per year,  $p = .02$ ), compared to those who never attend services. The findings could not be explained by differences in smoking or physical activity. CONCLUSIONS: Overall findings support the hypothesis that religious activity may play a protective role in maintaining pulmonary health among the elderly.
- Masters, K. S., Spielmans, G. I. and Goodson, J. T. [Department of Psychology, Syracuse University, NY; kemaster@syr.edu]. **“Are there demonstrable effects of distant intercessory prayer? A meta-analytic review.”** *Annals of Behavioral Medicine* 32, no. 1 (Aug 2006): 21-26.  
 [Abstract:] BACKGROUND: The use of alternative treatments for illness is common in the United States. Practitioners of these interventions find them compatible with personal philosophies. Consequently, distant intercessory prayer (IP) for healing is one of the most commonly practiced alternative interventions and has recently become the topic of scientific scrutiny. PURPOSE: This study was designed to provide a current meta-analytic review of the effects of IP and to assess the impact of potential moderator variables. METHODS: A random effects model was adopted. Outcomes across dependent measures within each study were pooled to arrive at one omnibus effect size. These were combined to generate the overall effect size. A test of homogeneity and examination of several potential moderator variables was conducted. RESULTS: Fourteen studies were included in the meta-analysis yielding an overall effect size of  $g = .100$  that did not differ from zero. When one controversial study was removed, the effect size reduced to  $g = .012$ . No moderator variables significantly influenced results. CONCLUSIONS: There is no scientifically discernable effect for IP as assessed in controlled studies. Given that the IP literature lacks a theoretical or theological base and has failed to produce significant findings in controlled trials, we recommend that further resources not be allocated to this line of research.
- Mattison, D. [St. Joseph Mercy Hospital Cancer Care Center, University of Michigan School of Social Work, Ann Arbor, MI]. **“The forgotten spirit: integration of spirituality in health care.”** *Nephrology News & Issues* 20, no. 2 (Feb 2006): 30-32.

This is a brief but featured “cover story” article on the subject. See also articles by Barlow and Straveler, elsewhere in this bibliography. [Abstract:] Health care technology has witnessed incredible advances and increasingly effective treatments for physical and psychological disorders, but the spiritual component of care is an intervention resource that often goes unseen, unaddressed, and underused for patients facing multiple challenges. State-of-the-art services must take a perspective that expands beyond a focus on the biological and psychological needs of patients to also integrate practice skills to address spiritual needs. Spirituality can provide valuable interventions to help maintain hope and stability in times of turbulence. If health care providers are to offer holistic care to patients, we must create an environment in which spirituality is competently explored and addressed. What do health care providers have to lose by integrating the spiritual, dimension into care delivery and accessing a powerful intervention that can make a positive difference to patients? How might patients benefit and what might we learn by asking a few simple, but profound, spiritual questions? What gives your life meaning? What is your greatest hope? What do you fear? What comforts or encourages you most? As you consider how spirituality fits into and benefits your practice you might find meaning in Viktor Frankl's words, "No cure that fails to engage our spirit can make us well".

McBrien, B. [Mater Misericordiae University Hospital, Dublin, Ireland]. **“A concept analysis of spirituality.”** *British Journal of Nursing* 15, no. 1 (Jan 12-15, 2006): 42-45.

[Abstract:] According to the holistic model of care, nurses must consider their patients' spiritual needs in order to provide total patient care (Govier, 2000). There is growing awareness of the contribution that spiritual wellbeing can make to a patient's actual and perceived health and quality of life (Chibnall et al, 2002; Mount, 2003). Spirituality and spiritual care has gained much momentum in the current nursing arena. Draper and McSherry (2002) assert that it has emerged from the shadows to occupy a prominent part of contemporary health care. Moreover, within the nursing profession, a focus on individuals as biopsychosocial-spiritual beings is gaining recognition. This notion is based on the premise that there should be balance of mind, body and spirit for the maintenance of health in a person (Stoll, 1989; Stooter, 1995). However, there is evidence that many nurses, including nurse educators, have difficulty with the concept of spirituality and consequently, may neglect this aspect of care (Greenstreet, 1999; McSherry, 2000). The aim of this article is to contribute towards clarifying the concept of spirituality.

McClane, K. S. [California State University, Dominguez Hills, Carson, CA 90747; kmcclane@csudh.edu]. **“Screening instruments for use in a complete geriatric assessment.”** *Clinical Nurse Specialist* 20, no. 4 (Jul-Aug-2006): 201-207.

This article discusses three quality-of-life instruments that could be used in geriatric assessment: the LEIPAD instrument, the Medical Short Form-36, and the WHOQOL-BREF. The Spiritual Domain is considered on p. 203 and in the tables on pp. 203-204.

McClung, E., Grossoehme, D. H. and Jacobson, A. F. [College of Nursing, Kent State University, Kent, OH]. **“Collaborating with chaplains to meet spiritual needs.”** *MEDSURG Nursing* 15, no. 3 (Jun 2006): 147-156.

[Abstract:] Current accreditation and professional standards in health care reflect the importance of chaplaincy services to patients, families, the health care team, and the organization. However, inadequate spiritual assessment, the organizational structure and climate, and lack of understanding of the chaplain's role can prevent these services from being optimally utilized. Chaplains are trained extensively to provide spiritual care to patients, families, and staff as they assist in meeting the organization's mission to provide patient-centered care. Spiritual assessment is a tool for nurses to recognize patient's needs for spiritual intervention and chaplain referral. By collaborating with chaplains, nurses can help develop an organizational infrastructure capable of timely responsiveness to patients' spiritual needs. 51 references.

McConnell, K. M., Pargament, K. I., Ellison, C. G. and Flannelly, K. J. [Psychology Department, Bowling Green State University, Bowling Green, OH 43403; mcconkm@bgsu.edu]. **“Examining the links between spiritual struggles and symptoms of psychopathology in a national sample.”** *Journal of Clinical Psychology* 62, no. 12 (Dec 2006): 1469-1484.

[Abstract:] The present study investigated the relationship between spiritual struggles and various types of psychopathology symptoms in individuals who had and had not suffered from a recent illness. Participants completed self-report measures of religious variables and symptoms of psychopathology. Spiritual struggles were assessed by a measure of negative religious coping. As predicted, negative religious coping was significantly linked to various forms of psychopathology, including anxiety, phobic anxiety, depression, paranoid ideation, obsessive-compulsiveness, and somatization, after controlling for demographic and religious variables. In addition, the relationship between negative religious coping and anxiety and phobic anxiety was stronger for individuals who had experienced a recent illness. These results have implications for assessments and interventions targeting spiritual struggles, especially in medical settings.

McCoubrie, R. C. and Davies, A. N. [Department of Palliative Medicine, Elgar House, Southmead Hospital, Westbury-on-Trym, Bristol, BS10 5NB; rc.mccoubrie@virgin.net]. **“Is there a correlation between spirituality and anxiety and depression in patients with advanced cancer?”** *Supportive Care in Cancer* 14, no. 4 (Apr 2006): 379-385.

[From the abstract:] ...Patients with a diagnosis of cancer at St. Peter's day hospice in Bristol were asked to complete three questionnaires to assess anxiety, depression and spirituality. Informed consent was obtained. Anxiety and depression are indicated by the Hospital Anxiety and Depression Scale score, and spirituality is indicated by scores on the Spiritual Well-Being Scale (SWBS) and the Royal Free Interview for Spiritual and Religious Beliefs. As will be explained, religion and spirituality are generally recognized as having different meanings--religion entailing a relationship with a higher being, while spirituality can be thought of in terms of meaning and purpose in life. RESULTS: Eighty-five complete data sets were obtained. A significant negative correlation was found between both anxiety and depression scores and overall spiritual well-being scores ( $p < 0.0001$ ). When the SWBS subscale scores were analyzed individually, a significant negative correlation was found between the existential well-being scores and the anxiety and depression scores ( $p < 0.001$ ). However, no correlation was found between the religious well-being scores and anxiety or depression. CONCLUSIONS: This study found a significant negative correlation between spirituality (in particular, the existential aspect) and anxiety and depression in patients with advanced cancer. Religious well-being and strength of belief had no impact on psychological well-being in this study.

McFarland, K., Rhoades, D., Roberts, E. and Eleazer, P. [University of South Carolina School of Medicine, Columbia, SC 29203; mcfarlandkay@bellsouth.net]. **“Teaching communication and listening skills to medical students using life review with older adults.”** *Gerontology & Geriatrics Education* 27, no. 1 (2006): 81-94.

[Abstract:] The University of South Carolina School of Medicine introduced a seminar in 2003 to teach communication and listening skills to third year medical students. The students learned a structured communication format called "L-I-S-T-E-N" which they utilized to conduct a life review with an adult over age 65. The faculty evaluated this educational experience using transcribed audiotapes of the life reviews, reflection

papers written by the students, and interviews with students and mentors about the life review session. The life review experience increased students' understanding of how psychosocial, cultural, spiritual, and life-changing events affect health and health behaviors.

McManus, J. [Barking & Dagenham Primary Care Trust, The Clock House, East Street, Barking, Essex, United Kingdom IG11 8EY]. **“What training should be required as an education standard for healthcare and hospital chaplains?”** *Southern Medical Journal* 99, no. 6 (Jun 2006): 665-670.

[Abstract:] This document discusses training for hospital and healthcare chaplains in the light of different UK standards applied by various interested parties. It considers the different standards and concludes that there is no single applied standard for training for National Health Service (NHS) hospital chaplains across the UK. Those models that do exist take differing approaches, with some basing their systems on normatively defined views of what a chaplain needs to be effective on functional (NHS managerial) or interpersonal (clinical pastoral) levels, while others take a more hybrid approach blending these approaches with doctrinal concerns. Equally, there is wide variation across different denominations and employers. This document seeks to identify where there is common ground on domains of competence for chaplaincy training and suggest some progress for training which fits into NHS structures and systems.

McSherry, W. [Department of Nursing and Midwifery, Faculty of Health and Social Care, University of Hull, Hull, UK; w.mcsherry@hull.ac.uk]. **“The principal components model: a model for advancing spirituality and spiritual care within nursing and health care practice.”** *Journal of Clinical Nursing* 15, no. 7 (Jul 2006): 905-917. [This article is part of a special theme issue on spirituality & nursing.]

[Abstract:] AIM: The aim of this study was to generate a deeper understanding of the factors and forces that may inhibit or advance the concepts of spirituality and spiritual care within both nursing and health care. BACKGROUND: This manuscript presents a model that emerged from a qualitative study using grounded theory. Implementation and use of this model may assist all health care practitioners and organizations to advance the concepts of spirituality and spiritual care within their own sphere of practice. The model has been termed the principal components model because participants identified six components as being crucial to the advancement of spiritual health care. DESIGN: Grounded theory was used meaning that there was concurrent data collection and analysis. Theoretical sampling was used to develop the emerging theory. These processes, along with data analysis, open, axial and theoretical coding led to the identification of a core category and the construction of the principal components model. METHODS: Fifty-three participants (24 men and 29 women) were recruited and all consented to be interviewed. The sample included nurses (n=24), chaplains (n=7), a social worker (n=1), an occupational therapist (n=1), physiotherapists (n=2), patients (n=14) and the public (n=4). The investigation was conducted in three phases to substantiate the emerging theory and the development of the model. RESULTS: The principal components model contained six components: individuality, inclusivity, integrated, inter/intra-disciplinary, innate and institution. CONCLUSION: A great deal has been written on the concepts of spirituality and spiritual care. However, rhetoric alone will not remove some of the intrinsic and extrinsic barriers that are inhibiting the advancement of the spiritual dimension in terms of theory and practice. RELEVANCE TO CLINICAL PRACTICE: An awareness of and adherence to the principal components model may assist nurses and health care professionals to engage with and overcome some of the structural, organizational, political and social variables that are impacting upon spiritual care.

Meador, K. G. [Duke Divinity School, Duke University Medical Center, Durham, NC; Keith.Meador@duke.edu]. **“Spirituality and care at the end of life.”** *Southern Medical Journal* 99, no. 10 (Oct 2006): 1184-1185.

This very brief overview is part of the journal's series of special sections on Spirituality & Medicine.

Meraviglia, M. [School of Nursing at the University of Texas at Austin; mmeraviglia@mail.utexas.edu]. **“Effects of spirituality in breast cancer survivors.”** *Oncology Nursing Forum* 33, no. 1 (Jan 2006): E1-7.

[Abstract:] PURPOSE/OBJECTIVES: To examine the effects of spirituality (meaning in life and prayer) on a sense of well-being among women who have had breast cancer. DESIGN: Descriptive, correlational, cross-sectional. SETTING: Rural and urban communities in central Texas. SAMPLE: Convenience sample of 84 women, 34-80 years of age diagnosed less than one year previously (36%), within the previous one to five years (38%), and more than five years previously (26%). METHODS: The study approach consisted of completing a questionnaire assessing personal and cancer characteristics, aspects of spirituality (meaning in life and prayer), and physical and psychological responses to breast cancer. MAIN RESEARCH VARIABLES: Meaning in life, prayer, and physical and psychological responses to breast cancer. FINDINGS: Meaning in life was positively related to psychological responses and negatively related to physical responses. Prayer was positively related to psychological well-being. Women with higher prayer scale scores reported lower education levels, less income to meet their needs, and closer relationships with God. Meaning in life mediated the impact of breast cancer on physical and psychological well-being. CONCLUSIONS: Strong relationships exist among spirituality and personal and cancer characteristics. Meaning in life mediated the effects of breast cancer on well-being in breast cancer survivors. IMPLICATIONS FOR NURSING: The findings support healthcare providers encouraging women diagnosed with breast cancer to explore their spirituality as an effective resource for dealing with the physical and psychological responses to cancer.

Michalak, E. E., Yatham, L. N., Kolesar, S. and Lam, R. W. [Division of Mood Disorders, Department of Psychiatry, University of British Columbia, Vancouver, BC V6T 2A1, Canada; emichala@interchange.ubc.ca]. **“Bipolar disorder and quality of life: a patient-centered perspective.”** *Quality of Life Research* 15, no. 1 (February 2006): 25-37.

The qualitative study (n=59) considers spirituality only in part, but it reveals four important issues. First, patients with bipolar disorder (BD) may "struggle to disentangle 'real' spiritual experience from hyper-religiosity, a symptom of BD, when hypo/manic" [p. 33]. Second, these patients may have trouble talking about their spirituality for fear that this will be misinterpreted by others. Third, BD may have a profound impact upon individuals' involvement with their religious communities. And fourth, many BD patients may find, in their periods of depression, that their faith—or need of faith—increases. [This study has been reviewed on the website of the Research Network of the Association for Clinical Pastoral Education at [www.ACPEresearch.net](http://www.ACPEresearch.net) --see the site's March 2006 Article-of-the-Month page.]

Michalsen, A., Kuhlmann, M. K., Ludtke, R., Backer, M., Langhorst, J. and Dobos, G. J. [Department of Internal Medicine V, University Duisburg-Essen, Kliniken Essen-Mitte, Am Deimelsberg 34 a, 45276 Essen, Germany; andreas.michalsen@uni-essen.de]. **“Prolonged fasting in patients with chronic pain syndromes leads to late mood-enhancement not related to weight loss and fasting-induced leptin depletion.”** *Nutritional Neuroscience* 9, nos. 5-6 (Oct-Dec 2006): 195-200.

This study (n=36) addresses mood-enhancing effects of the often religiously-based practice of fasting. [From the abstract:] Fasters showed a more pronounced decrease of leptin (58% vs. 20%;  $P < 0.001$ ) and a 17% increase of cortisol levels ( $P < 0.001$ ). Mood ratings increased significantly in the late phase of fasting ( $P < 0.01$ ) but were not related to weight-loss, leptin-depletion or cortisol increase. Our findings suggest that fasting induces specific mood-enhancement. The physiological mediator appears to be neither leptin nor cortisol, the role of other mechanisms has to be further studied.

Miller, L. [Department of Psychology, Columbia University, New York City, NY 10027]. **“Spirituality, health and medical care of children and adolescents.”** *Southern Medical Journal* 99, no. 10 (Oct 2006): 1164-1165.

This very brief overview is part of the journal's series of special sections on Spirituality & Medicine.

Miner-Williams, D. [University of Texas Health Science Center, San Antonio, TX 78266; dminerwilliams@satx.rr.com]. **“Putting a puzzle together: making spirituality meaningful for nursing using an evolving theoretical framework.”** *Journal of Clinical Nursing* 15, no. 7 (Jul 2006): 811-821. [This article is part of a special theme issue on spirituality & nursing.]

[Abstract:] AIMS AND OBJECTIVES: This paper addresses the need for a practical understanding of spirituality in nursing by means of a generic definition of spirituality, an emerging theoretical framework, and some general practice guidelines. BACKGROUND: Spirituality is being addressed more frequently in nursing literature, but there is still lacking a professional understanding of the phenomenon that is useful as a basis for practice and research. CONCLUSION: The history of spirituality in nursing is recognized, and then its role in peoples' and patients' lives, health and healing is examined. Spirituality is clarified through its various definitions in the literature, and identification of component concepts: connectedness, meaning, transcendence, values and beliefs, energy and emotion. A working definition and the concepts are brought together into a framework. Guidelines for how to incorporate spirituality into practice are presented. RELEVANCE TO CLINICAL PRACTICE: With this understanding of spirituality by means of a clarifying definition, a theoretical framework and six general guidelines, nurses may be better equipped to incorporate spirituality into their practice. This will fulfill professional and accrediting mandates and, more importantly, provide more holistic, ethical and balanced care for patients. [73 references.]

Mitchell, D. L., Bennett, M. J., Manfrin-Ledet, L. [Nicholls State University, Department of Nursing, Thibodaux, LA 70310; denise.mitchell@nicholls.edu]. **“Spiritual development of nursing students: developing competence to provide spiritual care to patients at the end of life.”** *Journal of Nursing Education* 45, no. 9 (Sep 2006): 365-370.

[From the abstract:] ...The purpose of this article is to provide nursing faculty with tools that may be used to develop spiritually knowledgeable nursing students who can overcome barriers to providing spiritual care to end-of-life patients. Our students were required to complete care maps to ensure they are prepared for patient care at the end of life. In this article, we present tools that faculty and students may use to complete the spiritual concept in care mapping. The literature on spirituality is reviewed, use of care mapping in nursing curricula is described, and our teaching approach to develop nursing students who are skilled at providing spiritual care is explained. Three case studies and care maps created by former students are also presented to demonstrate examples of spiritual competence.

Miovic, M., McCarthy, M., Badaracco, M. A., Greenberg, W., Fitzmaurice, G. M. and Peteet, J. R. [Brigham and Women's Hospital, Boston; mmiovic@partners.org]. **“Domains of discussion in psychotherapy: What do patients really want?”** *American Journal of Psychotherapy* 60, no. 1 (2006): 71-86.

Among the findings of this study was that [from the abstract:] patients did not feel that clinicians undervalue the importance of religion and spirituality.

Mock, K. S., Bopp, C. M., Dudgeon, W. A. and Hand, G. A. [University of South Carolina, College of Nursing, Columbia, SC; KDphilli@gwm.sc.edu]. **“Spiritual well-being, sleep disturbance, and mental and physical health status in HIV-infected individuals.”** *Issues in Mental Health Nursing* 27, no. 2 (Feb-Mar 2006): 125-139.

[Abstract:] A growing body of evidence demonstrates a significant relationship between spirituality and health. HIV-infected individuals often find new meaning and purpose for their lives while establishing new connections and strengthening old ones. This descriptive, correlational study examined the relationships among spiritual well-being, sleep quality, and health status in 107 HIV-infected men and women. Spiritual well-being was found to be a significant factor related to both sleep quality and mental and physical health status. Every study participant reported sleep disturbance. The findings suggest that spiritual well-being and sleep quality need to be assessed so appropriate interventions can be implemented to improve health outcomes in this population.

Mofidi, M., Devellis, R. F., Blazer, D. G., Devellis, B. M., Panter, A. T. and Jordan, J. M. [Health Resources and Services Administration, US Dept. of Health & Human Services, Rockville, MD]. **“Spirituality and depressive symptoms in a racially diverse US sample of community-dwelling adults.”** *Journal of Nervous & Mental Disease* 194, no. 12 (Dec 2006): 975-977.

[Abstract:] The role of spirituality in depression is understudied. We examined the relationship between one dimension of spirituality, spiritual experiences, and depressive symptoms, and evaluated whether differences in gender, race, age, and stress moderated the relationship. The study was conducted with a community-based sample of 630 racially diverse middle-aged and older adults. Structural equation modeling was used to estimate a model linking spiritual experiences to depressive symptoms while controlling for demographic and health variables. Spiritual experiences were operationalized using six items of the Daily Spiritual Experiences Scale. Sample items included, "I feel God's presence," and, "I feel comfort in my religion or spirituality." The model achieved satisfactory goodness of fit. Spiritual experiences were significantly associated with fewer depressive symptoms, and age as well as stress moderated the association, but not gender and race. Spirituality appears to be a psychosocial resource against depressive symptoms, although the results must be confirmed in longitudinal investigations.

Mohr, W. K. [Psychiatric Mental Health Nursing, University of Medicine & Dentistry of New Jersey, Newark; mohrkw@umdnj.edu]. **“Spiritual issues in psychiatric care.”** *Perspectives in Psychiatric Care* 42, no. 3 (Aug 2006): 174-183.

[Abstract:] This article differentiates between the concepts of spirituality and religion and analyzes the strengths and weaknesses of the research findings related to spirituality, religion, and mental health. To discuss the importance of clarifying values and becoming self-aware in relation to implementing spiritual and religious interventions. The components of spiritual assessment are presented as well as spiritual coping practices and interventions the nurse might use when working with clients. Review of literature from MEDLINE, CINAHL, and current texts. Spirituality and religion are too often neglected foci of psychiatric mental health assessment and intervention. In order to maximize therapeutic effectiveness, nurses should be aware that for many patients spirituality is a critical life factor. Accordingly, they should screen patients and

strive to meet patient needs for spiritual expression, while recognizing that there are important boundary and ethical issues in psychiatric mental health settings. [56 references.]

Moller, M. D. and Rice, M. J. [Suncrest Wellness Center, Nine Mile Falls, WA 99026; marymoller@aol.com]. **“The BE SMART trauma reframing psychoeducation program.”** *Archives of Psychiatric Nursing* 20, no. 1 (Feb 2006): 21-31.

The authors address spirituality as one of four basic concepts for a 12-week psychoeducational program: BE SMART (Become Empowered: Symptom Management for Abuse and Recovery from Trauma), designed to promote coping in people recovering from trauma and abuse. See especially the table of Spiritual Triggers and Coping Strategies on p. 28. The course is based on the Murphy-Moller Wellness Model (see: Murphy, M. F. and Moller, M. D., “The Three R's Program: A Wellness Approach to Rehabilitation of Neurobiological Disorders,” *The International Journal of Psychiatric Nursing Research* 3, no. 1 (1996): 308-317) and Trauma Reframing Therapy.

Moore, S. L., Metcalf, B. and Schow, E. [Athabasca University, Centre for Nursing and Health Studies Athabasca, Alberta, Canada]. **“The quest for meaning in aging.”** *Geriatric Nursing* 27, no. 5 (Sep-Oct 2006): 293-299.

This qualitative study involving in-depth interviews of 11 older adults (ages 66-92) revealed 6 themes regarding how they experienced meaning in their lives: Philosophy for Living, Sense of Self, Connecting with Others, Spirituality and Faith in God, Living Through Adversity, and Embracing Life. See esp. pp. 296, 297, and 298.

Moreira-Almeida, A. and Koenig, H. G. [Duke University Medical Center, Durham, NC, USA, and University of Sao Paulo, Hospital Joao Evangelista, Sao Paulo, SP, Brazil; alexma@usp.br]. **“Retaining the meaning of the words *religiousness* and *spirituality*: a commentary on the WHOQOL SRPB group's ‘a cross-cultural study of spirituality, religion, and personal beliefs as components of quality of life.’”** *Social Science & Medicine* 63, no. 4 (Aug 2006): 843-845. [Erratum appears in vol. 63, no. 10 (Nov 2006): 2753].

[Abstract:] Recent years have seen increasing recognition paid to the relation of religiousness/spirituality (R/S) to health care and research. This has led to the development of more inclusive and trans-culturally validated measurements of R/S. This paper comments on the WHOQOL SRPB Group's "A cross-cultural study of spirituality, religion, and personal beliefs as components of quality of life" (62: 6, 2005, 1486-1497), a recently published paper in *Social Science & Medicine*, and illustrates a possible problem in the measurement of R/S, especially as related to the study of mental health outcomes. Some scales have included questions about psychological well-being, satisfaction, connectedness with others, hopefulness, meaning and purpose in life, or altruistic values as part of their measure of R/S. These questions are really tapping indicators of mental health, and should not be included in the definition of R/S itself. Otherwise, tautology is the result, and it should not be surprising that such measures of R/S (defined by questions tapping mental health) are related to mental health outcomes.

Moreira-Almeida, A., Neto, F. L. and Koenig, H. G. [Department of Psychiatry, Center for the Study of Religious and Spiritual Problems, Universidade de Sao Paulo, Sao Paulo, SP, Brazil; alexma@usp.br]. **“Religiousness and mental health: a review.”** *Revista Brasileira de Psiquiatria* 28, no. 3 (Sep 2006): 242-250. Comment on pp 177-178.

[Abstract:] OBJECTIVE: The relationship between religiosity and mental health has been a perennial source of controversy. This paper reviews the scientific evidence available for the relationship between religion and mental health. METHOD: The authors present the main studies and conclusions of a larger systematic review of 850 studies on the religion-mental health relationship published during the 20th Century identified through several databases. The present paper also includes an update on the papers published since 2000, including researches performed in Brazil and a brief historical and methodological background. DISCUSSION: The majority of well-conducted studies found that higher levels of religious involvement are positively associated with indicators of psychological well-being (life satisfaction, happiness, positive affect, and higher morale) and with less depression, suicidal thoughts and behavior, drug/alcohol use/abuse. Usually the positive impact of religious involvement on mental health is more robust among people under stressful circumstances (the elderly, and those with disability and medical illness). Theoretical pathways of the religiousness-mental health connection and clinical implications of these findings are also discussed. CONCLUSIONS: There is evidence that religious involvement is usually associated with better mental health. We need to improve our understanding of the mediating factors of this association and its use in clinical practice. [100 references.]

Morris, D. B., Wilson, K. G., Clinch, J. J., Ammerman, D. J., Fergusson, D., Graham, I. D., Porath, A. J., Offman, A., Boland, I., Watters, J. and Hebert, P. C. [Clinical Epidemiology Program, Ottawa Health Research Institute, 501 Smyth Road, 201, Ottawa, ON, K1H 8L6, Canada]. **“Identification of domains relevant to health-related quality of life in patients undergoing major surgery.”** *Quality of Life Research* 15, no. 5 (Jun 2006): 841-854.

[From the abstract:] ...Semi-structured interviews were conducted with 52 patients undergoing major abdominal, cardiac, orthopedic, thoracic, or vascular surgical procedures and 33 health professionals from various disciplines. A total of 58 themes were identified by content analysis. These themes were categorized into 6 domains. These were: physical well-being (14 themes), emotional well-being (13 themes), concern about quality of care (12 themes), social well-being (12 themes), cognitive preparation (4 themes), and spiritual well-being (3 themes). In general, we found that most aspects of health-related quality of life were common across various major surgical procedures and between patients and health care providers. However, when we examined the coverage of these themes in seven commonly-used health-related quality of life instruments, we found that many of the most frequently mentioned themes were not assessed with the available measures. A new evaluative instrument tailored to patients undergoing major surgery may therefore be warranted. [The Spiritual Well-Being themes of Faith, Existential Concerns, and Spiritual Support are discussed especially on pp. 850 and 851, and in a concluding remark on p. 852: “Of particular note, we found existential and spiritual concerns to be important for patients undergoing major surgery even though they were not assessed by most measures currently available.”]

Morrison, L. J. and Morrison, R. S. [Department of Medicine, Section of Geriatrics, Baylor College of Medicine, 1709 Dryden, Suite 850, Houston, TX 77030; lmorrison@bcm.tmc.edu]. **“Palliative care and pain management.”** *Medical Clinics of North America* 90, no. 5 (Sep 2006): 983-1004.

This is an overview of palliative care, with a case illustration (--see pp. 984 and 1001). The authors address “Psychosocial and Spiritual Realms” on pp. 999-1000.



Moss, Q., Fleck, D. E. and Strakowski, S. M. [The Division of Bipolar Disorders Research, Department of Psychiatry, University of Cincinnati College of Medicine, 231 Albert Sabin Way, Cincinnati, OH 45267-0559; mossq@ucmail.uc.edu]. **“The influence of religious affiliation on time to first treatment and hospitalization.”** *Schizophrenia Research* 84, nos. 2-3 (Jun 2006): 421-426. [Abstract:] Longer duration of untreated psychosis (DUP) has been associated with treatment-refractory illness, significant cognitive decline, and poorer long-term outcomes. There are many factors, including social and cultural, that promote longer DUP. To date, there have been no studies to evaluate religion's effect on DUP. In this study, we evaluated the effect of certain religious affiliations and degree of religious practice on the DUP. METHODS: A total of 195 patients were recruited aged 18 to 45 years with the presence of at least 1 psychotic symptom (delusions, hallucinations, or prominent thought disorder). Patients were evaluated on their religious practice prior to the index episode using a Likert-style scale. Using a similar scale, patients were asked about their religious affiliation categorized as Catholic, Protestant, or neither. RESULTS: Correlational analysis revealed that the time to first treatment and time to first hospitalization were both negatively related to degree of religious practice ( $r = -0.15$ ,  $N = 161$ ,  $p < 0.05$  and  $r = -0.18$ ,  $N = 161$ ,  $p < 0.05$ , respectively). Between-group comparisons revealed longer DUP in the Protestant group compared to the no affiliation and Catholic groups ( $p = 0.05$ ). CONCLUSION: From our results, it appears that the degree of religious practice does not affect length of time to treatment in psychotic patients. However, having a Protestant religious affiliation is strongly associated with having a greater delay in treatment seeking for psychosis. Factors contributing to a longer DUP in this group warrant further study.

Mrus, J. M., Leonard, A. C., Yi, M. S., Sherman, S. N., Fultz, S. L., Justice, A. C. and Tsevat, J. [Cincinnati VA Medical Center, Cincinnati, OH]. **“Health-related quality of life in veterans and nonveterans with HIV/AIDS.”** *Journal of General Internal Medicine* 21, Suppl 5 (Dec 2006): S39-47. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[From the abstract:] ...One hundred veterans and 350 nonveterans with HIV/AIDS from 2 VA and 2 university-based sites in 3 cities interviewed in 2002 to 2003 and again 12 to 18 months later. METHODS: We assessed health status (functional status and symptom bother), health ratings, and health values (time tradeoff [TTO] and standard gamble [SG] utilities). We also explored bivariate and multivariable associations of HRQoL measures with a number of demographic, clinical, spiritual/religious, and psychosocial characteristics. ...Among...determinants that were associated with multiple HRQoL outcomes in baseline and follow-up multivariable analyses were: symptom bother, overall function, religiosity/spirituality, depressive symptoms, and financial worries. ...Veterans reported significantly poorer HRQoL than nonveterans, but when controlling for other factors, veteran status was only a significant determinant of TTO and SG health values at baseline. Correlates of HRQoL such as symptom bother, spirituality/religiosity, and depressive symptoms could be fruitful potential targets for interventions to improve HRQoL in patients with HIV/AIDS. [This article is part of the journal's special theme issue on spirituality and HIV/AIDS.]

Mullan, P. B. and Boston, P. **“Practical wisdom: teaching about spirituality in medical education programs.”** *Journal of Cancer Education* 21, no. 1 (2006): 6.

This is a preface to the journal's Special Section on Spirituality in Cancer.

Murata, H., Morita, T., and the Japanese Task Force. [School of Human Culture, Kyoto Notredame University, Kyoto, Japan]. **“Conceptualization of psycho-existential suffering by the Japanese Task Force: the first step of a nationwide project.”** *Palliative & Supportive Care* 4, no. 3 (Sep 2006): 279-285.

[From the abstract:] ...The primary aim of this article is to illustrate the process of developing a conceptual framework by the Japanese Task Force as the initial step of a nationwide project. METHODS: We used consensus-building methods with 26 panel members and 100 multidisciplinary peer reviewers. The panel consisted of six palliative care physicians, six psychiatrists, five nursing experts, four social workers or psychologists, two philosophers, a pastoral care worker, a sociologist, and an occupational therapist. Through 2 days of face-to-face discussion and follow-up discussion by e-mail, we reached a consensus. RESULTS: The group agreed to adopt a conceptual framework as the starting point of this study, by combining the empirical model from multicenter observations, a theoretical hypothesis, and good death studies in Japan. We defined "psycho-existential suffering" as "pain caused by extinction of the being and the meaning of the self". We assumed that psycho-existential suffering is caused by the loss of essential components that compose the being and the meaning of human beings: loss of relationships (with others), loss of autonomy (independence, control over future, continuity of self), and loss of temporality (the future). Sense of meaning and peace of mind can be interpreted as an outcome of the psycho-existential state and thus the general end points of our interventions. This model extracted seven categories to be intensively studied in the future: relationship, control, continuity of self, burden to others, generativity, death anxiety, and hope....

Murdaugh, C., Moneyham, L., Jackson, K., Phillips, K. and Tavakoli, A. [University of Arizona, College of Nursing, Tucson, AZ, 85721; cmurdaugh@nursing.arizona.edu]. **“Predictors of quality of life in HIV-infected rural women: psychometric test of the chronic illness quality of life ladder.”** *Quality of Life Research* 15, no. 5 (Jun 2006): 777-789.

The Chronic Illness Quality of Life Ladder (CIQOLL) measures 7 domains: physical, emotional, financial, family and friends, spiritual well-being, peace of mind, and overall life satisfaction. The authors conclude, from psychometric test data, that [from the abstract:] ...the CIQOLL is a reliable and valid scale that may provide meaningful information about persons living with a chronic illness, such as HIV disease, especially low literacy and unacculturated populations....

Murray-Swank, A. B., Lucksted, A., Medoff, D. R., Yang, Y., Wohlheiter, K. and Dixon, L. B. [Department of Psychiatry, University of Maryland School of Medicine, and Department of Veterans Affairs VISN 5 Mental Illness Research, Education, and Clinical Center, Baltimore, MD 21201; aaron.murray-swank@med.va.gov]. **“Religiosity, psychosocial adjustment, and subjective burden of persons who care for those with mental illness.”** *Psychiatric Services* 57, no. 3 (Mar 2006): 361-365.

[Abstract:] OBJECTIVE: The purpose of this study was to characterize the nature of religious and spiritual support received by family caregivers of persons with serious mental illness and to test hypotheses that religiosity would be associated with caregiver adjustment. METHODS: Eighty-three caregivers who participated in a study of the Family to Family Education Program of the National Alliance on Mental Illness were assessed at baseline in terms of their religiosity and receipt of spiritual support in coping. They also completed measures of depression, self-esteem, mastery, self-care, and subjective burden. Hierarchical regression was used to test hypotheses that religiosity would be associated with better adjustment, with confounding variables controlled for. RESULTS: Thirty-seven percent of participants reported that they

had received spiritual support in coping with their relative's illness in the previous three months. When age, race, education, and gender were controlled for, religiosity was associated with less depression and better self-esteem and self-care. Personal religiosity was a stronger predictor of adjustment than religious service attendance. **CONCLUSIONS:** Family caregivers of persons with serious mental illness often turn to spirituality for support, and religiosity may be an important contributor to caregiver adjustment. Collaborative partnerships between mental health professionals and religious and spiritual communities represent a powerful and culturally sensitive resource for meeting the support needs of family members of persons with serious mental illness.

Mysorekar, U. [The Hindu Temple Society of North America, 45-57 Bowne St., Flushing, NY 11355; nytemple@aol.com]. **"Eye on religion: clinicians and Hinduism."** *Southern Medical Journal* 99, no. 4 (Apr 2006): 441.

This is part of the Eye on Religion series --a regular feature of the journal's special sections on Spirituality & Medicine.

Narayanasamy, A. [Faculty of Medicine & Health Sciences, School of Nursing, University of Nottingham, Nottingham, UK; aru.narayanasamy@nottingham.ac.uk]. **"The impact of empirical studies of spirituality and culture on nurse education."** *Journal of Clinical Nursing* 15, no. 7 (Jul 2006): 840-851. [This article is part of a special theme issue on spirituality & nursing.] [From the abstract:] ...The research program used action research comprising largely qualitative approaches. As the holistic and multiperspective nature of spirituality and culture requires a multidisciplinary approach and flexibility of methodology, various research techniques were used. **RESULTS:** The findings from the research program led to the development of theories, models and conceptual literature on spiritual and cultural care. In particular, two models evolved from the studies: the ASSET for spiritual cares education and training and the ACCESS for transcultural care practice. The critical incident studies provide insights into nurses' roles in spiritual care interventions. The phenomenological study highlights that chronically ill patients use spiritual strategies in coping with their illness. **CONCLUSION:** Overall, the paper offers a body of evidence that has an impact upon curriculum development in nurse education and nursing practice. **RELEVANCE TO CLINICAL PRACTICE:** The ASSET model offers a framework for spiritual care education. The ACCESS model offers a framework for transcultural care practice. The critical incident studies map out nurses' roles in spiritual and cultural care with scope for development of care intervention models for the future. The coping mechanisms study highlights how patients use spiritual coping strategies such as prayer and other resources to cope with their chronic illnesses. [106 references.]

Narayanasamy, A. and Narayanasamy, M. [University of Nottingham, Faculty of Medicine and Health Science, School of Nursing]. **"Ayurvedic medicine: an introduction for nurses."** *British Journal of Nursing* 15, no. 21 (Nov 23-Dec 13, 2006): 1185-1190.

[Abstract:] Ayurvedic medicine is an ancient Indian form of healing. It is gaining popularity as part of the growing interest in New Age spirituality and in complementary and alternative medicine (CAM). In this article the principles and practices of Ayurvedic medicine are outlined. In doing so, the safety of ayurvedic medicine is explored in the context of evidence-based practice and the implications of Ayurvedic medicine for nursing are discussed. It is concluded that an awareness of Ayurvedic medicine may help nurses to be cognisant of its benefits and potential complications if it is used with conventional medicine. Although the therapeutic value of ayurvedic treatment is yet to be fully established through randomized control trials, its potential in terms of health promotion, nutrition and spirituality are acknowledged in the emerging literature.

Narayan, M. C. [Visiting Nurse Service Network, 10340 Brittenford Drive, Vienna, VA 22182; mary.narayan@cox.net]. **"Caring for patients of diverse religious traditions: Catholicism."** *Home Healthcare Nurse* 24, no. 3 (Mar 2006): 183-186.

This is a practical overview of issues to keep in mind when caring for Roman Catholic patients (--part of a series in the journal).

Nasim, A., Utsey, S. O., Corona, R. and Belgrade, F. Z. [Department of Psychology, James Madison University, MSC 7401, Harrisonburg, VA 22807; nasimax@jmu.edu]. **"Religiosity, refusal efficacy, and substance use among African-American adolescents and young adults."** *Journal of Ethnicity in Substance Abuse* 5, no. 3 (2006): 29-49.

[Abstract:] Research points toward multiple pathways (i.e., psychosocial domains) through which religiosity influences substance use behaviors. This study examined whether refusal efficacy mediated the relationship between religiosity and substance use in African-American adolescents and young adults. Four hundred thirty-five urban and rural African-Americans, aged between 12 and 25, completed measures of private and public religiosity, refusal efficacy, and substance use (i.e., tobacco, alcohol, marijuana, and other illicit drug use). Tests for mediation were computed with private and public religiosity as independent variables, drug refusal efficacy as mediator, and substance use as the criterion. Results show that drug refusal efficacy mediated the relationship between private religiosity and tobacco, marijuana, and other illicit drug use, but not for alcohol use. Refusal efficacy also mediated the relationship between public religiosity and alcohol use, but not for other licit and illicit substances. The findings provide support for the unique impact of public religiosity when considering its role in preventive intervention. Future research should consider examining other psychosocial domains which may mediate the effect of religiosity on substance use behaviors among African-American adolescents.

Neff, J. A., Shorkey, C. T. and Windsor, L. C. [College of Health Sciences, Old Dominion University, Norfolk, VA 23529; janeff@odu.edu]. **"Contrasting faith-based and traditional substance abuse treatment programs."** *Journal of Substance Abuse Treatment* 30, no. 1 (Jan 2006): 49-61.

[Abstract:] This article (a) discusses the definition of faith-based substance abuse treatment programs, (b) juxtaposes Durkheim's theory regarding religion with treatment process model to highlight key dimensions of faith-based and traditional programs, and (c) presents results from a study of seven programs to identify key program dimensions and to identify differences/similarities between program types. Focus group/Concept Mapping techniques yielded a clear "spiritual activities, beliefs, and rituals" dimension, rated as significantly more important to faith-based programs. Faith-based program staff also rated "structure and discipline" as more important and "work readiness" as less important. No differences were found for "group activities/cohesion" and "role modeling/mentoring," "safe, supportive environment," and "traditional treatment modalities." Programs showed substantial similarities with regard to core social processes of treatment such as mentoring, role modeling, and social cohesion. Implications are considered for further research on treatment engagement, retention, and other outcomes.

Neimeyer, R. A., Baldwin, S. A., Gillies, J. [Dept. of Psychology, University of Memphis, Memphis, TN; neimeyer@memphis.edu]. **"Continuing bonds and reconstructing meaning: mitigating complications in bereavement."** *Death Studies* 30, no. 8 (Oct 2006): 715-738.

[Abstract:] Drawing on attachment theory and constructivist conceptualizations of bereavement, the authors assessed the relation between continuing bonds coping and meaning reconstruction following the death of a loved one and complicated grief symptomatology. Five hundred six young adults in the first two years of bereavement from a variety of losses completed the Inventory of Complicated Grief along with measures of the strength of their ongoing attachment to the deceased and their capacity to make sense of the loss, find benefit in the experience, and reconstruct a progressive sense of identity following the death. Several variables concerning the survivor, his or her relationship to the deceased, and the nature of the death functioned as risk factors for heightened distress, but their role was generally moderated by meaning-making, often to the point of non-significance. In contrast, higher levels of benefit-finding and positive identity change were associated with lower levels of bereavement complication. Finally, an interaction emerged between sense-making and ongoing attachment to the deceased, suggesting that strong continuing bonds predicted greater levels of traumatic and especially separation distress, but only when the survivor was unable to make sense of the loss in personal, practical, existential, or spiritual terms.

Nelson, E. A., Abramowitz, J. S., Whiteside, S. P. and Deacon, B. J. [Department of Psychiatry and Psychology, Mayo Clinic, Rochester, MN]. “**Scrupulosity in patients with obsessive-compulsive disorder: relationship to clinical and cognitive phenomena.**” *Journal of Anxiety Disorders* 20, no. 8 (2006): 1071-1086.

This paper addresses religion *passim* and particularly considers the relationship between scrupulosity, religiosity, and religious affiliation (--see p. 1079), using the Penn Inventory of Scrupulosity.

Newberg, A. B., Wintering, N. A., Morgan, D. and Waldman, M. R. [Division of Nuclear Medicine, Department of Radiology, University of Pennsylvania Medical Center, Philadelphia, PA 19104]. “**The measurement of regional cerebral blood flow during glossolalia: a preliminary SPECT study.**” *Psychiatry Research* 148, no. 1 (Nov 22, 2006): 67-71.

[Abstract:] Glossolalia (or "speaking in tongues") is an unusual mental state that has great personal and religious meaning. Glossolalia is experienced as a normal and expected behavior in religious prayer groups in which the individual appears to be speaking in an incomprehensible language. This is the first functional neuroimaging study to demonstrate changes in cerebral activity during glossolalia. The frontal lobes, parietal lobes, and left caudate were most affected.

Nolan, M. T., Hodgins, M. B., Olsen, S. J., Coleman, J., Sauter, P. K., Baker, D., Stanfield, C., Emerling, A. and Hruan, R. H. [School of Nursing, Johns Hopkins University, Baltimore, MD; mnolan@son.jhmi.edu]. “**Spiritual issues of family members in a pancreatic cancer chat room.**” *Oncology Nursing Forum* 33, no. 2 (Mar 2006): 239-244.

[From the abstract:] ...SETTING: The patient and family chat room of Johns Hopkins Hospital's pancreatic cancer Web site. SAMPLE: 600 postings on the pancreatic cancer Web site. METHODS: Identification of categories and themes in Web postings using the constant comparison method of content analysis.... FINDINGS: Relationship of the poster to the person with pancreatic cancer was explicit in 68% (n = 410) of the 600 postings, and 83% of those 410 postings indicated that the poster was a family member. Issues of spirituality appeared in 19% (n = 114) of the 600 postings and addressed four themes: spiritual convergence, reframing suffering, hope, and acceptance of the power of God and eternal life. Six percent of postings were by family members reporting on the death of their loved ones, suggesting that the site also served a bereavement function. CONCLUSIONS: Family members of patients with pancreatic cancer sought and received spiritual comfort in a variety of forms in an Internet-based cancer chat room. IMPLICATIONS FOR NURSING: Nurse developers of cancer information Web sites should periodically assess how the sites are being used and apply the information to the refinement of the sites to better meet user needs. Further study is needed to develop and evaluate cancer Web sites as an evolving medium for providing spiritual support to family members of patients with life-threatening forms of cancer. [This study has been reviewed on the website of the Research Network of the Association for Clinical Pastoral Education at [www.ACPEresearch.net](http://www.ACPEresearch.net) --see the site's June 2006 Article-of-the-Month page.]

Norenzayan, A. and Hansen, I. G. [Dept. of Psychology, University of British Columbia, Vancouver, Canada; ara@psych.ubc.ca]. “**Belief in supernatural agents in the face of death.**” *Personality & Social Psychology Bulletin* 32, no. 2 (Feb 2006): 174-187.

[Abstract:] Four studies examined whether awareness of mortality intensifies belief in supernatural agents among North Americans. In Studies 1 and 2, mortality salience led to more religiosity, stronger belief in God, and in divine intervention. In Studies 3 and 4, mortality salience increased supernatural agent beliefs even when supernatural agency was presented in a culturally alien context (divine Buddha in Study 3, Shamanic spirits in Study 4). The latter effects occurred primarily among the religiously affiliated, who were predominantly Christian. Implications for the role of supernatural agent beliefs in assuaging mortality concerns are discussed.

Norton, M. C., Skoog, I., Franklin, L. M., Corcoran, C., Tschanz, J. T., Zandi, P. P., Breitner, J. C., Welsh-Bohmer, K. A., Steffens, D. C. and the Cache County Investigators [Department of Family, Consumer and Human Development, Utah State University, Logan, UT 84322-4440; mnorton@cc.usu.edu]. “**Gender differences in the association between religious involvement and depression: the Cache County (Utah) study.**” *Journals of Gerontology Series B-Psychological Sciences & Social Sciences* 61, no. 3 (May 2006): P129-136.

[Abstract:] We examined the relation between religious involvement, membership in the Church of Jesus Christ of Latter-Day Saints, and major depression in a population-based study of aging and dementia in Cache County, Utah. Participants included 4,468 nondemented individuals between the ages of 65 and 100 years who were interviewed in person. In logistic regression models adjusting for demographic and health variables, frequent church attendance was associated with a reduced prevalence of depression in women but increased prevalence in men. Social role loss and the potential impact of organizational power differential by sex are discussed. Though causality cannot be determined here, these findings suggest that the association between religious involvement and depression may differ substantially between men and women.

Norwood, F. [Inclusion Research Institute, Washington, DC; francesnorwood@aol.com]. “**The ambivalent chaplain: negotiating structural and ideological difference on the margins of modern-day hospital medicine.**” *Medical Anthropology* 25, no. 1 (Jan-Mar 2006): 1-29.

The article presents a 12-month ethnographic study of chaplaincy students, and also includes input from staff chaplains. The author's finding is that chaplains at this university teaching hospital contend with marginalization that is both structural (e.g., a function of the power hierarchy in the hospital's organization) and ideological, and she views the situation from the theoretical lenses of the work of Michel Foucault and Byron Good. The article focuses on obstacles for chaplains but notes that chaplaincy is also not without agency. The author also observes that

chaplains are largely absent from the ethnographic literature. [This study has been reviewed on the website of the Research Network of the Association for Clinical Pastoral Education at [www.ACPEresearch.net](http://www.ACPEresearch.net) --see the site's April 2006 Article-of-the-Month page.]

Oman, D., Hedberg, J. and Thoresen, C. E. [Public Health Institute, Oakland, CA; [dougoman@post.harvard.edu](mailto:dougoman@post.harvard.edu)]. **"Passage meditation reduces perceived stress in health professionals: a randomized, controlled trial."** *Journal of Consulting & Clinical Psychology* 74, no. 4 (Aug 2006): 714-719.

[Abstract:] The authors evaluated an 8-week, 2-hr per week training for physicians, nurses, chaplains, and other health professionals using nonsectarian, spiritually based self-management tools based on passage meditation (E. Easwaran, 1978/1991). Participants were randomized to intervention (n = 27) or waiting list (n = 31). Pretest, posttest, and 8- and 19-week follow-up data were gathered on 8 measures, including perceived stress, burnout, mental health, and psychological well-being. Aggregated across examinations, beneficial treatment effects were observed on stress (p = .0013) and mental health (p = .03). Treatment effects on stress were mediated by adherence to practices (p = .05). Stress reductions remained large at 19 weeks (84% of the pretest standard deviation, p = .006). Evidence suggests this program reduces stress and may enhance mental health.

Pargament, K. I. and Ano, G. G. [Dept. of Psychology, Bowling Green State Univ., Bowling Green, OH; [kpargam@bgnet.bgsu.edu](mailto:kpargam@bgnet.bgsu.edu)]. **"Spiritual resources and struggles in coping with medical illness."** *Southern Medical Journal* 99, no. 10 (Oct 2006): 1161-1162.

This very brief overview is part of the journal's series of special sections on Spirituality & Medicine.

Parsons, S. K., Cruise, P. L., Davenport, W. M. and Jones, V. [Nelson Mandela School of Public Policy and Urban Affairs, Southern University, Baton Rouge, LA 70813; [SHARPARS@aol.com](mailto:SHARPARS@aol.com)]. **"Religious beliefs, practices and treatment adherence among individuals with HIV in the southern United States."** *AIDS Patient Care & Studies* 20, no. 2 (Feb 2006): 97-111.

[Abstract:] Nonadherence with medical treatment is a critical threat to the health of those living with HIV disease. Unfortunately the search for explanatory factors for nonadherence is still not fully developed, particularly in the area of religion and spirituality. Extant literature suggests that church attendance, religious practices and spiritual beliefs may improve health and generally benefit patients. However, religious beliefs may also play a negative role in treatment adherence due to the stigma attached to HIV disease, particularly in geographical areas and in population subgroups where religious practices are strong. In this exploratory study, HIV-positive individuals (n = 306) in a southern state were surveyed as to their attitudes and beliefs surrounding HIV disease and adherence with medical treatment for the disease. The results indicate that multiple factors influence adherence with treatment and that certain religious practices are positively associated with adherence, but certain religious beliefs are negatively related to adherence. The findings of this study reinforce the importance of remembering and addressing a patient's religious beliefs as a part of medical care.

Pearce, M. J., Singer, J. L. and Prigerson, H. G. [Dept. of Psychology, Yale University, New Haven, CT; [michelle.pearce@yale.edu](mailto:michelle.pearce@yale.edu)]. **"Religious coping among caregivers of terminally ill cancer patients: main effects and psychosocial mediators."** *Journal of Health Psychology* 11, no. 5 (Sep 2006): 743-759.

[Abstract:] This study investigated the association between religious coping, mental health and the caring experience, as well as potential explanatory mechanisms, among 162 informal caregivers of terminally ill cancer patients. Regression analyses indicated that, controlling for socio-demographic variables, more use of positive religious coping strategies was associated with more burden, yet, also more satisfaction. In contrast, more use of negative religious coping strategies was related to more burden, poorer quality of life and less satisfaction, and correlated with an increased likelihood of Major Depressive Disorder and anxiety disorders. In a number of models, negative religious coping was related to outcomes through its relationship with social support, optimism and self-efficacy. Implications for research and healthcare are discussed.

Pesut, B. [Department of Nursing, Trinity Western University, Langley, British Columbia, Canada; [pesut@twu.ca](mailto:pesut@twu.ca)]. **"Fundamental or foundational obligation? Problematizing the ethical call to spiritual care in nursing."** *Advances in Nursing Science* 29, no. 2 (Apr-Jun 2006): 125-133.

[Abstract:] Spiritual nursing care is increasingly being cited in the nursing literature as a fundamental ethical obligation. This obligation is based upon the argument that nurses provide holistic care, spirituality is a universal dimension of the person, and so nurses should care for the spiritual dimension. However, the literature on the spiritual dimension in nursing illustrates widely differing foundational assumptions about this important aspect of care. The philosophic categories of humanism, theism, and monism can be used to illustrate the different understandings of the spiritual dimension, and the implications of these understandings for the competence of the nurse and the nature of the nurse-patient interaction in the context of spiritual care.

Pesut, B. and Sawatzky, R. [Trinity Western Univ., Langley, BC, Canada; [pesut@twu.ca](mailto:pesut@twu.ca)]. **"To describe or prescribe: assumptions underlying a prescriptive nursing process approach to spiritual care."** *Nursing Inquiry* 13, no. 2 (Jun 2006): 127-134.

[Abstract:] Increasing attention is being paid to spirituality in nursing practice. Much of the literature on spiritual care uses the nursing process to describe this aspect of care. However, the use of the nursing process in the area of spirituality may be problematic, depending upon the understandings of the nature and intent of this process. Is it primarily a descriptive process meant to make visible the nursing actions to provide spiritual support, or is it a prescriptive process meant to guide nursing actions for intervening in the spirituality of patients? A prescriptive nursing process approach implies influencing, and in some cases reframing, the spirituality of patients and thereby extends beyond general notions of spiritual support. In this paper we discuss four problematic assumptions that form the basis for a prescriptive approach to spiritual care. We conclude that this approach extends the nursing role beyond appropriate professional boundaries, making it ethically problematic.

Phelps, G. [Mary's Medical Center, Knoxville, TN]. **"One doctor's spiritual journey (so far)."** *Health Progress* 87, no. 3 (May-Jun 2006): 16-20.

[Abstract:] In 2003, the author of this article, who is on the staff of a Tennessee hospital, entered St. Louis's Aquinas Institute of Theology's program in health care mission, seeking to fulfill his longing for greater personal spirituality. Three years later, he is preparing to graduate with a master's degree, and is looking forward to sharing what he has learned with fellow physicians and others. The author credits the program with offering him a much broader understanding of why Catholic health care is a ministry, not just a not-for-profit enterprise. He sees his work at St. Mary's as an exercise in spirituality, and he sees his profession as a personal ministry. He now wants to share what he has learned. The author, who has helped initiate new programs for physician spirituality at his hospital, also speaks at community events about the healing mission of

Catholic health care. He hopes that all doctors will reclaim their ancient tradition of providing compassionate care for poor, underserved, and vulnerable persons, and seek to be healing presences to those they serve.

Pickard, J. G. [School of Social Work, University of Missouri-Saint Louis, Saint Louis, MO 63121-4400; pickardj@umsl.edu]. “**The relationship of religiosity to older adults' mental health service use.**” *Aging & Mental Health* 10, no. 3 (May 2006): 290-297. [Abstract:] This article uses data from the Naturally Occurring Retirement Community (NORC) Demonstration Project (N = 326) to examine older adults' utilization of mental health services. This study is guided by the behavioral model of health service utilization and helps to fill gaps in the literature by including religious affiliation, religiosity, and interaction terms as variables in regression models. These variables are important, as religion is more important in the lives of older adults than in the lives of their younger counterparts. This study found the rate of use of mental health services during the previous six months to be 19.0%, and those with higher levels of private religious activity and higher levels of intrinsic religiosity are more likely to have accessed some form of mental health service. However, frequency of attendance at religious services is not associated with the use or non-use of services. Information from this study suggests that more research is needed to specify the manner in which religious affiliation and religiosity work to affect the use of mental health services, and future studies must include religious variables in order for models of service use to be complete.

Power, J. [Portsmouth Hospitals NHS Trust]. “**Religious and spiritual care.**” *Nursing Older People* 18, no. 7 (Aug 2006): 24-27. This article, by a chaplain, addresses issues of the care of patients with dementia and presents a case illustration.

Power, J. “**Spiritual assessment: developing an assessment tool.**” *Nursing Older People* 18, no. 2 (Mar 2006): 16-18.

[Abstract:] Patients' 'spirituality' is widely considered to be a factor that nurses need to consider in their assessments. But Jeanette Power suggests ways in which assessments can be undertaken, and questions whether one assessment tool can prove adequate in measuring the significance of spirituality in the lives of individuals, all of whom may interpret its meaning differently?

Previc, F. H. [Northrop Grumman Information Technology, San Antonio, TX 78229; fprevic@sbcglobal.net]. “**The role of the extrapersonal brain systems in religious activity.**” *Consciousness & Cognition* 15, no. 3 (Sep 2006): 500-539.

[Abstract:] The neuropsychology of religious activity in normal and selected clinical populations is reviewed. Religious activity includes beliefs, experiences, and practice. Neuropsychological and functional imaging findings, many of which have derived from studies of experienced meditators, point to a ventral cortical axis for religious behavior, involving primarily the ventromedial temporal and frontal regions. Neuropharmacological studies generally point to dopaminergic activation as the leading neurochemical feature associated with religious activity. The ventral dopaminergic pathways involved in religious behavior most closely align with the action-extrapersonal system in the model of 3-D perceptual-motor interactions proposed by these pathways are biased toward distant (especially upper) space and also mediate related extrapersonally dominated brain functions such as dreaming and hallucinations. Hyperreligiosity is a major feature of mania, obsessive-compulsive disorder, schizophrenia, temporal-lobe epilepsy and related disorders, in which the ventromedial dopaminergic systems are highly activated and exaggerated attentional or goal-directed behavior toward extrapersonal space occurs. The evolution of religion is linked to an expansion of dopaminergic systems in humans, brought about by changes in diet and other physiological influences. [398 references.] [NOTE: Some print versions of the article omit words from the last the last sentence on the first page. According to a personal communication from the author, it should read: “Although much research has been conducted as to the neural substrate of religion—particularly in clinical populations—there has heretofore been no general theory as to why religious activity is dependent on particular brain systems that only recently evolved.”]

Price J. and McNeilly, P. [School of Nursing and Midwifery, Queen's University Belfast, Medical Biology Centre, 97 Lisburn Road, Belfast BT9 7BL, UK; j.price@qub.ac.uk]. “**Developing an educational programme in paediatric palliative care.**” *International Journal of Palliative Nursing* 12, no. 11 (Nov 2006): 536-541.

[Abstract:] Pediatric palliative care has increasingly been recognized as a specialist area of practice. Essentially it is a holistic approach to care that embraces a range of elements concerned with not only the management of symptoms but also the psychosocial and spiritual needs of the child and family through death and bereavement. Children requiring palliative care represent a diverse patient group whose illness trajectories are often prolonged and unpredictable and this creates much stress for children themselves, their families and professionals who support them (Price and McFarlane, 2006). Such an approach to care is unique and the development of pediatric palliative care educational programs requires careful and thorough planning, with the specific needs of the child and family being pivotal to the process. This article recounts the development of the first pediatric palliative care program in Ireland using the curricular cycle described by Peyton (1998).

Pruchno, R. A., Lemay, E. P. Jr., Field, L. and Levinsky, N. G. [Boston College and Boston University Medical Center, Massachusetts; University of Medicine & Dentistry of New Jersey, New Jersey Institute for Successful Aging, 42 E. Laurel Road, Stratford, NJ 08084; pruchnra@umdnj.edu.]. “**Predictors of patient treatment preferences and spouse substituted judgments: the case of dialysis continuation.**” *Medical Decision Making* 26, no. 2 (Mar-Apr 2006): 112-121. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

This descriptive, cross-sectional study of 291 hemodialysis patients, aged 55 years and older, and their spouses found [from the abstract:] ...Patients' preferences and spouses' judgments were only moderately correlated ( $r = 0.33$ ). Multiple regression analyses revealed that patients' preferences to continue dialysis were positively related to education, subjective quality of life, and religious participation and negatively related to months of ESRD treatment and fear of end-of-life suffering ( $R(2) = 0.15$ ). Spouses' substituted judgments regarding patients' dialysis continuation preferences were positively related to African American race and spouses' perceptions of patients' quality of life and negatively related to months of ESRD treatment, spouses' perception of patients' negative affect, and spouses' own fear of end-of-life suffering....

Puchalski, C. M. “**Spirituality and medicine: curricula in medical education.**” *Journal of Cancer Education* 21, no. 1 (2006): 14-18.

This article, from a physician who has been a major voice in spirituality & health research, covers the historical background to spirituality in medical education and outlines basic steps in developing a curriculum. The article is part of the journal's Special Section on Spirituality in Cancer. [This article is part of the journal's special theme issue on spirituality and cancer.]

Puchalski, C. M., Lunsford, B., Harris, M. H. and Miller, R. T. [George Washington Institute for Spirituality and Health, Departments of Medicine and Health Care Sciences, The George Washington University, Washington, DC; hcscmp@gwumc.edu]. **“Interdisciplinary spiritual care for seriously ill and dying patients: a collaborative model.”** *Cancer Journal* 12, no. 5 (Sep-Oct 2006): 398-416.

[Abstract:] Spirituality is essential to healthcare. It is that part of human beings that seeks meaning and purpose in life. Spirituality in the clinical setting can be manifested as spiritual distress or as resources of strength. Patients' spiritual beliefs can impact diagnosis and treatment. Spiritual care involves an intrinsic aspect of care, which underlies compassionate and altruistic caregiving and is an important element of professionalism amongst the various healthcare professionals. It also involves an extrinsic element, which includes spiritual history, assessment of spiritual issues, as well as resources of strength and incorporation of patients' spiritual beliefs and practices into the treatment or care plan. Spiritual care is interdisciplinary care—each member of the interdisciplinary team has responsibilities to provide spiritual care. The chaplain is the trained spiritual care expert on the team. Optimally, all healthcare professionals, including the chaplain, on the team interact with each other to develop and implement the spiritual care plan for the patient in a fully collaborative model. [52 references.]

Puchalski, C. M. and McSkimming, S. [George Washington University School of Medicine and Health Sciences, Washington, DC]. **“Creating healing environments.”** *Health Progress* 87, no. 3 (May-Jun 2006): 30-35.

[Abstract:] In 2004 two organizations, the George Washington Institute for Spirituality and Health, Washington, DC, and the Supportive Care Coalition: Pursuing Excellence in Palliative Care, Portland, OR, collaborated in an experiment seeking antidotes to the depersonalization of health care. Their "Hospital-Based Spirituality Initiative: Creating Healing Environments" was intended to achieve two objectives: First, to develop and test strategies that encourage clinical caregivers to attend to patients' spiritual concerns; and, second, to better understand the organizational values and infrastructure that support increasing the spiritual care that caregivers provide. The initiative was conducted in five faith-based hospitals and two secular hospitals. Evaluation of the data indicated that the initiative was success for patients and caregivers.

Quest, T. E. and Franks, N. M. [Department of Emergency Medicine, Emory University, School of Medicine, 49 Jesse Hill Jr Dr., Atlanta, GA 30303; tquest@emory.edu]. **“Vulnerable populations: cultural and spiritual direction.”** *Emergency Medicine Clinics of North America* 24, no. 3 (Aug 2006): 687-702.

[Abstract:] Cultural, spiritual, and religious diversity of emergency department patients is increasing while that of emergency physicians in particular remains predominantly homogeneous. With a discordance of cultural, race, and ethnicity exist, in the case of ethical conflict - resolution becomes that much more difficult. Patients may feel vulnerable when their emergency care provider does not understand his or her cultural, spiritual, and religious uniqueness as it relates to the patient-doctor interaction and health care decision-making. This review will examine (1) language differences; (2) cultural, religious, and spiritual differences between patient and provider; (3) differing explanatory models of disease between patient and provider; and (4) diverse bioethical models of decision making of differing cultures in an effort to reduce vulnerabilities.

Quillin, J. M., McClish, D. K., Jones, R. M., Burruss, K. and Bodurtha, J. N. [Department of Human Genetics, Virginia Commonwealth University, 1101 E. Marshall Street, Richmond, VA 23298-0033]. **“Spiritual coping, family history, and perceived risk for breast cancer -Can we make sense of it?”** *Journal of Genetic Counseling* 15, no. 6 (Dec 2006): 449-460.

[Abstract:] Differences in spiritual beliefs and practices could influence perceptions of the role of genetic risk factors on personal cancer risk. We explored spiritual coping and breast cancer risk perceptions among women with and without a reported family history of breast cancer. Analyses were conducted on data from 899 women in primary care clinics who did not have breast cancer. Structural equation modeling (SEM), linear, and logistic modeling tested an interaction of family history of breast cancer on the relationship between spiritual coping and risk perceptions. Overall analyses demonstrated an inverse relationship between spiritual coping and breast cancer risk perceptions and a modifying effect of family history. More frequent spiritual coping was associated with lower risk perceptions for women with positive family histories, but not for those with negative family histories. Results support further research in this area that could influence communication of risk information to cancer genetic counseling patients.

Quinn, D. M. [Orthopaedic Surgery Center, 264 Pleasant Street, Concord, NH 03301; dquinn@crhc.org]. **“How religion, language and ethnicity impact perioperative nursing care.”** *Nursing Clinics of North America* 41, no. 2 (Jun 2006): 231-248, vi.

[Abstract:] Religion, language, and ethnicity play important roles in the perioperative arena. This article highlights some of the challenges that religion, language, and ethnicity can present and offers strategies for making the experience as positive as possible for all patients.

Ramer, L., Johnson, D., Chan, L. and Barrett, M. T. [Los Angeles County & University of Southern California Healthcare Network]. **“The effect of HIV/AIDS disease progression on spirituality and self-transcendence in a multicultural population.”** *Journal of Transcultural Nursing* 17, no. 3 (Jul 2006): 280-289.

[Abstract:] This study examined the relationship of sociodemographic and clinical factors with spirituality and self-transcendence in people with HIV/AIDS. It involved 420 HIV/AIDS patients from an HIV clinic who were predominantly Hispanic (79%) and male (82%), with a mean age of 39 years. Subjects completed spirituality, self-transcendence, health status, and depression scales. Medical charts were reviewed to obtain demographics, current therapies, depression diagnosis, CD4 cells (sometimes called T-cells), and viral load levels. Self-transcendence was related to levels of energy ( $p < .05$ ) and acculturation ( $p < .05$ ). Spirituality was related to levels of energy ( $p < .001$ ) and pain ( $p < .02$ ). Neither disease progression nor severity was related to self-transcendence or spirituality. The findings suggest the concept of self-transcendence may not be culturally meaningful to Hispanic patients. The development of valid and reliable tools specific for this population is important for future research.

Rankin, E. A. and Delashmutter, M. B. [Salisbury University, MD]. **“Finding spirituality and nursing presence: the student's challenge.”** *Journal of Holistic Nursing* 24, no. 4 (Dec 2006): 282-288.

[Abstract:] The concepts of spirituality and nursing presence are difficult for nursing students to comprehend, identify, and apply. Yet holistic nursing practice obligates nurse educators to teach students about these abstract concepts. The purpose of this article is to describe a nursing faculty's approach to encourage baccalaureate students to explore and develop an understanding of the concepts of spirituality and nursing presence in light of their clinical practice. A clinical placement in a faith-based community crisis center for the poor and homeless is part of a semester-long, psychiatric/mental health clinical course. At the crisis-center day shelter, students ( $N = 188$ ) develop an interactive advocacy

relationship with the clients and witness both spiritual care and nursing presence. Seminar-driven, topic-focused discussions foster reflective thinking application of these difficult concepts. Without exception, the students affirm that this is an experience of self-discovery and maturation in understanding spirituality and nursing presence in nursing practice.

Ravenell, J. E., Johnson, W. E., Jr. and Whitaker, E. E. [Hypertension Division, Department of Internal Medicine, University of Texas Southwestern Medical Center, Dallas TX; joseph.ravenell@utsouthwestern.edu]. “**African-American men's perceptions of health: a focus group study.**” *Journal of the National Medical Association* 98, no. 4 (Apr 2006): 544-550.

Among the findings of this focus-group study involving 81 African-American men [from the abstract:] ... Definitions of health, beliefs about health maintenance and influences on health were elicited. Participants' definitions of health went beyond the traditional "absence of disease" definition and included physical, mental, emotional, economic and spiritual well-being. Being healthy also included fulfilling social roles, such as having a job and providing for one's family. Health maintenance strategies included spirituality and self-empowerment....

Ray, D., Fuhrman, C., Stern, G., Geracci, J., Wasser, T., Arnold, D., Masiado, T. and Deitrick, L. [Department of Medicine, Lehigh Valley Hospital, Allentown, PA]. “**Integrating palliative medicine and critical care in a community hospital.**” *Critical Care Medicine* 34, no. 11, Suppl. (Nov 2006): S394-398.

See especially the notation regarding the presence of pastoral care during rounds on p. 397. [From the abstract:] Our objective was to describe the rationale and implementation of educational, environmental, clinical, and communication interventions designed to maximize indicators of improved palliative care in a community hospital intensive care unit. Surveys were used to develop educational content and methods for all levels of clinical staff and medical education. All clinical staff expressed confidence in clinical palliative processes but not in communication and psycho-spiritual issues shared with patient/families.

Ray, S. L. and McGee, D. [School of Nursing, The University of Western Ontario, 40 The Ridgeway, London, Ontario N6C 1A1, Canada; slray@uwo.ca]. “**Psychiatric nurses' perspectives of spirituality and spiritual needs during an amalgamation.**” *Journal of Psychiatric & Mental Health Nursing* 13, no. 3 (Jun 2006): 330-336.

[Abstract:] The purpose of this study was to explore the meaning of spirituality and how the spiritual needs of psychiatric nurses could be supported at work during a hospital amalgamation. Forty-six nurses completed the General Information Questionnaire and described the meaning of spirituality and how their spiritual needs could be supported. Data were analyzed by the double-coding qualitative method. The themes identified for the meaning of spirituality included: being hopeful, having belief/belief systems, maintaining relatedness/connectedness and the expression of spirituality. The major themes identified to support nursing staffs' spiritual needs at work included communication, offering hope, being valued and support from spiritual sources. Nurses expressed the importance of spirituality in their lives and the need for spiritual support at work. Data for addressing staff spiritual needs are reported; however, further studies are needed to understand the spiritual needs of nursing staff at work during hospital amalgamations.

Reeves, R. R. and Liberto, V. [Montgomery VA Medical Center, Jackson, MS 39216; roy.reeves@med.va.gov]. “**Suicide associated with the Antichrist delusion.**” *Journal of Forensic Sciences* 51, no. 2 (Mar 2006): 411-412.

[Abstract:] The Antichrist delusion is a relatively infrequently observed religious delusion. Some cases of the Antichrist delusion have been associated with violence toward others. The aim of this article is to document a case of suicide secondary to the delusion. At age 17 a woman with no history of mental illness developed the belief that she was the Antichrist. For several years she did not discuss this with anyone and functioned appropriately in society. Then, at age 32, after the birth of her first child, her delusion intensified and she ultimately committed suicide to protect others from the harm she felt she was destined to cause them. The Antichrist delusion as a misidentification state may involve danger to a patient who harbors the delusion, as well as to other individuals.

Reyes-Ortiz, C. A. [Sealy Center on Aging, University of Texas Medical Branch, Galveston, TX 77555; careyeso@utmb.edu]. “**Spirituality, disability and chronic illness.**” *Southern Medical Journal* 99, no. 10 (Oct 2006): 1172-1173.

This very brief overview is part of the journal's series of special sections on Spirituality & Medicine.

Reyes-Ortiz, C. A., Ayele, H., Mulligan, T., Espino, D. V., Berges, I. M. and Markides, K. S. [Geriatric Medicine, Sealy Center on Aging, University of Texas Medical Branch, Galveston 77555; careyeso@utmb.edu]. “**Higher church attendance predicts lower fear of falling in older Mexican-Americans.**” *Aging & Mental Health* 10, no. 1 (Jan 2006): 13-18. Comment on pp. 1-3.

[Abstract:] Several studies have shown that involvement in religious activity appears to benefit health. To estimate the association between church attendance and fear of falling, we used a sample of 1341 non-institutionalized Mexican-Americans aged 70 and over from the third wave (1998-1999) of the Hispanic Established Population for the Epidemiological Study of the Elderly, followed until 2000-2001. Baseline potential predictors of fear of falling were church attendance, socio-demographics, history of falls, summary measure of lower body performance (tandem balance, eight-foot walk, and repeated chair stands), functional status, depressive symptoms, cognitive status, and medical conditions. Fear of falling at the two-year follow-up was measured as no fear, somewhat afraid, fairly afraid, and very afraid. Chi-square statistic and multiple logistic regression analysis were used to estimate associations between the outcome and the potential predictors. Multiple logistic regression analysis showed that frequent church attendance was an independent predictor of lower fear of falling (odds ratio = 0.73, 95% confidence interval 0.58-0.92, P = 0.008) two years later. Other independent predictors of fear of falling were female gender, poorer objective lower body performance, history of falls, arthritis, hypertension, and urinary incontinence. Frequent church attendance is associated with decreased fear of falling in older Mexican-Americans.

Reynolds, D. [Long Island University, Brooklyn, NY 11201; diane.reynolds@lie.edu]. “**Examining spirituality among women with breast cancer.**” *Holistic Nursing Practice* 20, no. 3 (May-Jun 2006): 118-121.

[Abstract:] A diagnosis of cancer can conjure up a whole host of emotions. Many women with breast cancer will try to deal with the disease by ascribing meaning for its occurrence and searching for mechanisms by which to cope with its sequelae. Research supports that women who have been diagnosed with breast cancer are employing complementary and alternative medicine use as a means of gaining a sense of control over the disease as well as reducing stress and achieving inner peace. Spirituality is one such mechanism that women with breast cancer utilize in order to achieve that goal; an underlying premise being that taking care of the soul is a necessary element in healing the body.

Rew, L. and Wong, Y. J. [School of Nursing, University of Texas at Austin, Austin, TX; [ellerew@mail.utexas.edu](mailto:ellerew@mail.utexas.edu)]. “**A systematic review of associations among religiosity/spirituality and adolescent health attitudes and behaviors.**” *Journal of Adolescent Health* 38, no. 4 (Apr 2006): 433-442. [See also, from this same journal issue, the article by Cotton, “Religion/spirituality and adolescent health outcomes: a review,” noted elsewhere in this bibliography.]

[Abstract:] PURPOSE: To systematically review and synthesize literature concerning the relationships among religiosity, spirituality, health attitudes, and health behaviors in adolescents. METHODS: Forty-three studies between 1998 and 2003 were systematically reviewed to (a) determine if the studies were based on conceptual or theoretical frameworks, (b) identify the types of religiosity and spirituality measures used as well as their effects on health attitudes and behaviors, (c) evaluate the quality of these measures, (d) determine categories and frequency of measures of health attitudes and behaviors, (e) evaluate the quality of the research designs, and (f) determine the effects of religiosity or spirituality on adolescent health attitudes and behaviors. RESULTS: Over half (n = 26) the studies were atheoretical or had an unclear framework and the other half were based on a wide variety of conceptual and theoretical models. A total of 37 distinct religiosity/spirituality variables were identified and varied in specificity. Less than half (n = 21) reported reliability of the measures and only seven contained information about validity of the measures. All 43 studies included measures of health-risk behaviors and/or attitudes but only seven addressed health-promoting behaviors. Most studies (84%) showed that measures of religiosity/spirituality had positive effects on health attitudes and behaviors. CONCLUSIONS: The variety of studies and measures indicate that religiosity and spirituality may be important correlates of adolescent health attitudes and behaviors. Although the majority of the studies reviewed were well designed, there was no consistency in the theoretical bases and operational definitions of religiosity/spirituality phenomena.

Richards, P. S., Berrett, M. E., Hardman, R. K. and Eggett, D. L. [Brigham Young University, Provo, UT; [scott\\_richards@byu.edu](mailto:scott_richards@byu.edu)]. “**Comparative efficacy of spirituality, cognitive, and emotional support groups for treating eating disorder inpatients.**” *Brunner-Mazel Eating Disorders Monograph Series* 14, no. 5 (Oct-Dec 2006): 401-415.

[Abstract:] Spiritual interventions are rarely used in contemporary treatment programs and little empirical evidence is available concerning their effectiveness. The purpose of the present study was to evaluate the effectiveness of a spiritual group intervention for eating disorder inpatients. We compared the effectiveness of a Spirituality group with Cognitive and Emotional Support groups using a randomized, control group design. Participants were 122 women receiving inpatient eating disorder treatment. Patients in the Spirituality group tended to score significantly lower on psychological disturbance and eating disorder symptoms at the conclusion of treatment compared to patients in the other groups, and higher on spiritual well-being. On weekly outcome measures, patients in the Spirituality group improved significantly more quickly during the first four weeks of treatment. This study provides preliminary evidence that attending to eating disorder patients' spiritual growth and well-being during inpatient treatment may help reduce depression and anxiety, relationship distress, social role conflict, and eating disorder symptoms.

Richards, T. A., Oman, D., Hedberg, J., Thoresen, C. E. and Bowden, J. [Public Health Institute, Oakland, CA]. “**A qualitative examination of a spiritually-based intervention and self-management in the workplace.**” *Nursing Science Quarterly* 19, no. 3 (Jul 2006): 231-239.

[Abstract:] This qualitative study assesses the experience of an intervention that provided spiritually based self-management tools to hospital-based nurses. Drawing on wisdom traditions of the major world religions, the eight point program can be practiced by adherents to any religious faith, or those outside of all traditions. Five of eight program points were perceived as directly useful in improving the nurses' workplace interactions and enhancing fulfillment of compassionate caregiving missions. The findings suggest that this program can be an effective intervention among nurses in dealing with the demands of the healthcare environment and may be a resource for continuing education curricula.

Rieg, L. S., Mason, C. H. and Preston, K. [Xavier University, Cincinnati, OH 45207-7351; [Rieg@Xavier.edu](mailto:Rieg@Xavier.edu)]. “**Spiritual care: practical guidelines for rehabilitation nurses.**” *Rehabilitation Nursing* 31, no. 6 (Nov-Dec 2006): 249-256.

[Abstract:] Spiritual care has long been recognized as an essential component in providing holistic care to patients. However, many nurses have acknowledged that their education lacked practical guidelines on how to provide culturally competent spiritual care. Although all nurses are required to provide spiritual care, rehabilitation nurses are particularly challenged to be competent in this area, due to the lengthy recovery time and special needs often presented by rehabilitation patients. This article provides practical guidelines for rehabilitation nurses, to assist patients in meeting their spiritual needs. [57 references.]

Robinson, M. R., Thiel, M. M., Backus, M. M. and Meyer, E. C. [Medical Surgical Intensive Care Unit, Children's Hospital, Boston, MA 02115]. “**Matters of spirituality at the end of life in the pediatric intensive care unit.**” *Pediatrics* 118, no. 3 (Sep 2006): e719-729.

[Abstract:] OBJECTIVE: Our objective with this study was to identify the nature and the role of spirituality from the parents' perspective at the end of life in the PICU and to discern clinical implications. METHODS: A qualitative study based on parental responses to open-ended questions on anonymous, self-administered questionnaires was conducted at 3 PICUs in Boston, Massachusetts. Fifty-six parents whose children had died in PICUs after the withdrawal of life-sustaining therapies participated. RESULTS: Overall, spiritual/religious themes were included in the responses of 73% (41 of 56) of parents to questions about what had been most helpful to them and what advice they would offer to others at the end of life. Four explicitly spiritual/religious themes emerged: prayer, faith, access to and care from clergy, and belief in the transcendent quality of the parent-child relationship that endures beyond death. Parents also identified several implicitly spiritual/religious themes, including insight and wisdom; reliance on values; and virtues such as hope, trust, and love. CONCLUSIONS: Many parents drew on and relied on their spirituality to guide them in end-of-life decision-making, to make meaning of the loss, and to sustain them emotionally. Despite the dominance of technology and medical discourse in the ICU, many parents experienced their child's end of life as a spiritual journey. Staff members, hospital chaplains, and community clergy are encouraged to be explicit in their hospitality to parents' spirituality and religious faith, to foster a culture of acceptance and integration of spiritual perspectives, and to work collaboratively to deliver spiritual care. [This study has been reviewed on the website of the Research Network of the Association for Clinical Pastoral Education at [www.ACPEResearch.net](http://www.ACPEResearch.net) --see the site's November 2006 Article-of-the-Month page.]



- Roff, L. L., Klemmack, D. L., Simon, C., Cho, G. W., Parker, M. W., Koenig, H. G., Sawyer-Baker, P. and Allman, R. M. [School of Social Work, University of Alabama, Tuscaloosa 35487-0314; lroff@sw.ua.edu]. **“Functional limitations and religious service attendance among African American and white older adults.”** *Health & Social Work* 31, no. 4 (Nov 2006): 246-255.  
 [Abstract:] Church attendance is associated with improved health and well-being among older adults, but older adults with functional limitations may have difficulty attending church services. This article examines differences in the association between functional limitations and church attendance in a sample of 987 elderly African American and white individuals. African American and white elderly people without limitations attended church at virtually the same rate (69 percent). Despite their higher scores on religiousness measures, elderly African Americans with one or more limitations were significantly less likely to attend church regularly than were white counterparts. Health status measures did not help explain older African Americans' lower attendance rates. Differences in attendance were associated primarily with educational attainment and cognitive functioning. The article recommends social work intervention to reduce barriers to church attendance for older adults who want to attend services.
- Romero, C., Friedman, L. C., Kalidas, M., Elledge, R., Chang, J. and Liscum, K. R. [Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine, Houston, TX 77030; romeroc@bcm.tmc.edu]. **“Self-forgiveness, spirituality, and psychological adjustment in women with breast cancer.”** *Journal of Behavioral Medicine* 29, no. 1 (Feb 2006): 29-36.  
 [Abstract:] We evaluated whether a self-forgiving attitude and spirituality were related to psychological adjustment among 81 women being treated for breast cancer at a medical oncology clinic in a county general hospital. Both a self-forgiving attitude and spirituality were unique predictors of less mood disturbance and better quality of life ( $p$ 's < 0.001). These results are consistent with previous research that has demonstrated a positive relationship between spirituality and well-being. The findings also suggest that self-forgiveness should be explored experimentally to determine whether it can protect against the psychological effects of breast cancer-related stress. Interventions targeting these characteristics could improve the quality of life and alleviate stress, especially in women with breast cancer in public sector settings.
- Rosell, T. D. [Central Baptist Theological Seminary, 6601 Monticello Road, Shawnee, KS 66226-3513]. **“Pastoral products or pastoral care? How marketplace language affects ministry in veterans hospitals.”** *The Journal of Pastoral Care & Counseling: JPCC* 60, no. 4 (2006): 363-367.  
 [Abstract:] The author describes a veterans hospital context of healthcare ministry in which marketplace terminology, adopted institutionally, also impacts the Chaplain Service. He highlights specific elements of this commercialization of pastoral care, such as computerized documentation of "spiritual products" delivered in increments of ten minute units. Noting the power of language both to describe and create realities, the author suggests likely risks accompanying benefits of healthcare chaplaincy carried out on marketplace terms.
- Rosenfeld, K. [Veterans Integrated Palliative Program, Greater Los Angeles Veterans Affairs Healthcare System, 11301 Wilshire Blvd., Los Angeles, CA 90037; Kenneth.rosenfeld@med.va.gov]. **“Palliative care assessment: what are we looking for?”** *Gastroenterology Clinics of North America* 35, no. 1 (Mar 2006): 23-39.  
 The author notes spirituality *passim* and especially on pp. 29-30. See the Examples of Inquiry into Psychological and Spiritual Functioning in the box on p. 30.
- Rosner, F. [Mount Sinai Services at Elmhurst Hospital Center, New York]. **“Medical confidentiality and patient privacy: the Jewish perspective.”** *Cancer Investigation* 24, no. 1 (Feb 2006): 113-115.  
 [From the abstract:] ...Briefly, the Jewish view toward medical ethical subjects is predicated on the general principle of the supreme value of human life. In Judaism, all biblical and rabbinic laws are temporarily waived in order to save a human life. Physicians are obligated to heal patients from their illness, to induce remission and cure of disease whenever possible. Similarly, patients are obligated to lead healthy lifestyles, to consult physicians when they are sick and to be compliant with the physician's therapeutic recommendations. The Jewish view on medical confidentiality and patient privacy as presented in this essay flows from these general principles of Jewish medical ethics.
- Ross, L. [School of Care Sciences, University of Glamorgan, South Wales, UK; lross@glam.ac.uk]. **“Spiritual care in nursing: an overview of the research to date.”** *Journal of Clinical Nursing* 15, no. 7 (Jul 2006): 852-862. [This article is part of a special theme issue on spirituality & nursing.]  
 [Abstract:] AIMS: The paper gives an overview of nursing research papers published on spiritual care between 1983 and October 2005. It also provides pointers for the future direction of research in this emerging field. BACKGROUND: Spiritual care of patients/clients is expected of nurses and is reflected in nursing codes of ethics, nurse education guidelines, policy documents and nursing guidance. Recent years have seen a proliferation in nursing research in this area, particularly in the UK and North America, and now in other European countries. It seemed timely, therefore, to review this published research. METHOD: Included in the review were 47 original published nursing research papers identified from a CINAHL search and from a collection held by the author since 1983. Papers were sorted into five categories, a template to aid reviewing was produced and a short summary and critique of each paper was written. CONCLUSIONS: Research on spirituality and health needs to move forward in a systematic and co-ordinated way. RELEVANCE TO CLINICAL PRACTICE: Hopefully, the research summarized in this paper will be useful to clinicians and nurse educators as they strive to incorporate spiritual care within their practice. In turn patients/clients and their families should benefit from care which is more holistic and addresses their deepest concerns and needs. [69 references.]
- Rubin, S. E., Grumet, S. and Prine, L. [Department of Family Medicine, Montefiore Medical Center, Bronx, NY]. **“Hospital religious affiliation and emergency contraceptive prescribing practices.”** *American Journal of Public Health* 96, no. 8 (Aug 2006): 1398-1401.  
 [Abstract:] With access to reproductive health care eroding, examination of prescribing of contraception, including emergency contraception (EC), is important. We examined whether working in a family practice affiliated with a religious institution changes the likelihood of a provider prescribing EC. Our survey asked about EC prescribing practices in a range of situations. As predicted, practitioners in non-religiously affiliated practices reported higher rates of prescribing EC than those in religiously affiliated practices. In both cases, however, the practitioners' prescribing patterns were inadequate.

Rummans, T. A., Clark, M. M., Sloan, J. A., Frost, M. H., Bostwick, J. M., Atherton, P. J., Johnson, M. E., Gamble, G., Richardson, J., Brown, P., Martensen, J., Miller, J., Piderman, K., Huschka, M., Girardi, J. and Hanson, J. [Dept. of Psychiatry and Psychology, Mayo Clinic Cancer Center, and Medical Social Services, Mayo Clinic, Rochester MN 55905; rummans.teresa@mayo.edu]. **“Impacting quality of life for patients with advanced cancer with a structured multidisciplinary intervention: a randomized controlled trial.”** *Journal of Clinical Oncology* 24, no. 4 (Feb 1, 2006): 635-642.

[Abstract:] PURPOSE: The primary goal of this study was to evaluate the feasibility and effectiveness of a structured, multidisciplinary intervention targeted to maintain the overall quality of life (QOL), which is more comprehensive than psychosocial distress, of patients undergoing radiation therapy for advanced-stage cancer. PATIENTS AND METHODS: Radiation therapy patients with advanced cancer and an estimated 5-year survival rate of 0% to 50% were randomly assigned to either an eight-session structured multidisciplinary intervention arm or a standard care arm. The eight 90-minute sessions addressed the five domains of QOL including cognitive, physical, emotional, spiritual, and social functioning. The primary end point of maintaining overall QOL was assessed by a single-item linear analog scale (Linear Analog Scale of Assessment or modified Spitzer Uniscale). QOL was assessed at baseline, week 4 (end of multidisciplinary intervention), week 8, and week 27. RESULTS: Of the 103 participants, overall QOL at week 4 was maintained by the patients in the intervention (n = 49), whereas QOL at week 4 significantly decreased for patients in the control group (n = 54). This change reflected a 3-point increase from baseline in the intervention group and a 9-point decrease from baseline in the control group (P = .009). Intervention participants maintained their QOL, and controls gradually returned to baseline by the end of the 6-month follow-up period. CONCLUSION: Although intervention participants maintained and actually improved their QOL during radiation therapy, control participants experienced a significant decrease in their QOL. Thus, a structured multidisciplinary intervention can help maintain or even improve QOL in patients with advanced cancer who are undergoing cancer treatment.

Sager, S. G. [Duke Divinity School, Duke University, Durham, NC; steve.sager@duke.edu]. **“Eye on religion: the reflective physician and the Jewish patient.”** *Southern Medical Journal* 99, no. 10 (Oct 2006): 1186-1187.

This is part of the Eye on Religion series --a regular feature of the journal's special sections on Spirituality & Medicine.

Sandor, M. K., Sierpina, V. S., Vanderpool, H. V. and Owen, S. V. [University of Texas Medical Branch, School of Nursing, Galveston; ksandor@utmb.edu]. **“Spirituality and clinical care: exploring developmental changes in nursing and medical students.”** *Explore—The Journal of Science & Healing* 2, no. 1 (Jan 2006): 37-42. Comment in vol. 2, no. 4 (Jul-Aug): 292.

[Abstract:] OBJECTIVE: This study identifies and assesses changes in spiritual experiences and the perceived importance of spiritual issues in nursing and medical students participating in a Spirituality and Clinical Care course. Students participated in the study by completing two survey instruments: the Spiritual Experience Index-Revised (SEI-R) and the Spiritual Importance (SI) scales. Differences from pretest to posttest by sex and by discipline (medicine vs. nursing) and changes in spiritual maturity are assessed and analyzed. RESULTS: Data analyses explored discipline differences, sex differences, and changes in levels of spiritual maturity one year after the two-week course. Students (N = 416) participating in the course reflected a significant increase in perceived importance of spirituality in practice, with females of both disciplines showing greater increases than males, and students in nursing showing greater increases than students in medicine. Female students were more trusting than male students in spiritual measures for support. An interesting finding revealed that both male and female students evidenced reduced dogmatic perceptions over time, with medical students declining more sharply than nursing students. Finally, changes in the levels of spiritual maturity of the students were measured. Students in contrasting developmental groups (n = 127) regressed over time to more dogmatic and underdeveloped levels of spiritual maturity. CONCLUSIONS: Maintenance or advancement of spiritual development was the expected outcome as students began to develop the art of their practice. It was unexpected that students would regress to a more dogmatic or underdeveloped spiritual level. Several explanations for these findings are explored.

Saucier, G. and Skrzypiska, K. [Dept. of Psychology, University of Oregon, Eugene, OR 97403; gsaucier@uoregon.edu]. **“Spiritual but not religious? Evidence for two independent dispositions.”** *Journal of Personality* 74, no. 5 (Oct 2006): 1257-1292.

[Abstract:] Some psychologists treat religious/spiritual beliefs as a unitary aspect of individual differences. But a distinction between mysticism and orthodox religion has been recognized by scholars as well as laypersons, and empirical studies of "ism" variables and of "spirituality" measures have yielded factors reflecting this distinction. Using a large sample of American adults, analyses demonstrate that subjective spirituality and tradition-oriented religiousness are empirically highly independent and have distinctly different correlates in the personality domain, suggesting that individuals with different dispositions tend toward different styles of religious/spiritual beliefs. These dimensions have low correlations with the lexical Big Five but high correlations with scales (e.g., Absorption, Traditionalism) on some omnibus personality inventories, indicating their relevance for studies of personality.

Schanowitz, J. Y. and Nicassio, P. M. [Alliant International University, San Diego, CA]. **“Predictors of positive psychosocial functioning of older adults in residential care facilities.”** *Journal of Behavioral Medicine* 29, no. 2 (Apr 2006): 191-201.

Among the findings of this study of 100 individuals (a mean age of 83.11 years old) in a residential care facility [from the abstract:] Positive religious coping was not independently associated with positive psychosocial functioning indices, whereas negative religious coping was related to higher negative affect....

Scherwitz, L., Pullman, M., McHenry, P., Gao, B. and Ostaseski, F. [Institute for Health and Healing, California Pacific Medical Center, San Francisco, CA]. **“A contemplative care approach to training and supporting hospice volunteers: a prospective study of spiritual practice, well-being, and fear of death.”** *Explore--The Journal of Science & Healing* 2, no. 4 (Jul-Aug 2006): 304-313.

[Abstract:] BACKGROUND: Inspired by a 2,500-year-old Buddhist tradition, the Zen Hospice Project (ZHP) provides residential hospice care, volunteer programs, and educational efforts that cultivate wisdom and compassion in service. OBJECTIVE: The present study was designed to understand how being with dying hospice residents affects hospice volunteers well-being and the role of spiritual practice in ameliorating the fear of death. DESIGN: A one-year longitudinal study of two volunteer cohorts (N = 24 and N = 22) with repeated measures of spiritual practice, well-being, and hospice performance during one-year service as volunteers. SETTING: The Zen Hospice Guest House and Laguna Honda Residential Hospital of San Francisco, CA. PARTICIPANTS: All 46 individuals who became ZHP volunteers during two years. INTERVENTIONS: A 40-hour training program for beginning hospice volunteers stressing compassion, equanimity, mindfulness, and

practical bedside care; a one-year caregiver assignment five hours per week; and monthly group meeting. MAIN OUTCOME MEASURES: Self-report FACIT spiritual well-being, general well-being, self-transcendence scale, and a volunteer coordinator-rated ZHP performance scale. RESULTS: The volunteers had a high level of self-care and well-being at baseline and maintained both throughout the year; they increased compassion and decreased fear of death. Those (n = 20) practicing yoga were found to have consistently lower fear of death than the group average (P = .04, P = .008, respectively). All rated the training and program highly, and 63% continued to volunteer after the first year's commitment. The results suggest that this approach to training and supporting hospice volunteers fosters emotional well-being and spiritual growth.

Schneider, M. A. and Mannell, R. C. [Department of Kinesiology and Physical Education, Wilfrid Laurier University, Ontario, Canada; mschneider@wlu.ca]. **"Beacon in the storm: an exploration of the spirituality and faith of parents whose children have cancer."** *Issues in Comprehensive Pediatric Nursing* 29, no. 1 (Jan-Mar 2006): 3-24.

[Abstract:] The purpose of this article is to describe the role of spirituality as a coping mechanism in the lives of parents of children with cancer. This exploratory study was conducted using a dominant-less dominant research design with phenomenology as the guiding theoretical orientation. Twelve parents (eight women and four men) were interviewed. Spirituality was described as playing a key role in the coping repertoire of these parents. In particular, spirituality's influence was described in both a religious and secularized manner with both aspects having a positive influence on coping behaviors among these parents. Health care professionals and nurses in particular have a role to play in facilitating access to spiritual resources as well as acknowledging and accepting the spiritual practices of the families they serve.

Schottenbauer, M. A., Rodriguez, B. F., Glass, C. R. and Arnkoff, D. B. [Dept. of Psychology, The Catholic University of America, Washington, DC 20064; maschotten@aol.com]. **"Religious coping research and contemporary personality theory: an exploration of Endler's (1997) integrative personality theory."** *British Journal of Psychology* 97, pt. 4 (Nov 2006): 499-519.

[Abstract:] Notable weaknesses in the literature on religion and mental health include theoretical inconsistencies and lack of integration with contemporary personality theory. The current study explored a potential solution to these theoretical limitations. A modified form of Endler's (1997) interactive model of personality was applied to the prediction of religious coping and tested using structural equation modeling. As predicted by the model, personality dispositions predicted coping directly, as well as indirectly through perception of the situation and situational anxiety. These patterns were, as expected, found to interact with the type of situation. Results indicated that having a positive disposition appears to buffer one's negative perceptions of situations over which one has little control. Participants tended to use more religious coping in low-control situations; in high-control situations, participants tended not to use negative religious coping techniques such as pleading for miracles.

Schroepfer, T. A. [School of Social Work, University of Wisconsin, Madison, WI 53706; tschroepfer@wisc.edu]. **"Mind frames towards dying and factors motivating their adoption by terminally ill elders."** *Journals of Gerontology Series B-Psychological Sciences & Social Sciences* 61, no. 3 (May 2006): S129-139.

[Abstract:] OBJECTIVE: This study was designed to advance the understanding of the physical and psychosocial factors that motivate terminally ill elders not only to consider a hastened death but also not to consider such a death. METHODS: I conducted face-to-face in-depth qualitative interviews with 96 terminally ill elders. An inductive approach was taken to locating themes and patterns regarding factors motivating terminally ill elders to consider or not to consider hastening death. RESULT: Six mind frames towards dying emerged: (a) neither ready nor accepting; (b) not ready but accepting; (c) ready and accepting; (d) ready, accepting, and wishing death would come; (e) considering a hastened death but having no specific plan; and (f) considering a hastened death with a specific plan. From the data emerged approaches towards dying and accompanying emotions characterizing each mind frame, as well as factors motivating their adoption by elders. The results showed that psychosocial factors served more often than physical factors as motivators. DISCUSSION: The results demonstrate the importance of assessing the mind frame adopted by a terminally ill elder and his or her level of satisfaction with it. Terminally ill elders may experience a higher quality dying process when a traditional medical care approach is replaced by a holistic approach that addresses physical, spiritual, emotional, and social needs.

Schwartz, A., Hasnain, M., Eiser, A. R., Lincoln, E. and Elstein, A. S. [Department of Medical Education (mc 591), 808 S. Wood St., 986 CME, University of Illinois at Chicago, Chicago, IL 60612; alansz@uic.edu]. **"Patient-physician fit: an exploratory study of a multidimensional instrument."** *Medical Decision Making* 26, no. 2 (Mar-Apr 2006): 122-133.

[Abstract:] BACKGROUND: Patients face difficulty selecting physicians because they have little knowledge of how physicians' behaviors fit with their own preferences. OBJECTIVE: . To develop scales of patient and physician behavior preferences and determine whether patient-physician fit is associated with patient satisfaction. DESIGN: . Two cross-sectional surveys of patients and providers. Setting. Ambulatory clinics at a university medical center. Participants. Eight general internists, 14 family physicians, and 193 patients. Measurements. Two instruments were developed to measure 6 preferences for physician behaviors: 1) considering nonmedical aspects of the patient's life, 2) familiarity with herbal medicine, 3) physician decision making, 4) providing information, 5) considering the patient's religion, and 6) treating what the patient perceives as his or her problem. Patients reported how they would prefer physicians to behave, and physicians reported how they preferred to behave. Patients also rated satisfaction with their physician. RESULTS: Post hoc tests found that as a group, patients scored higher than physicians in preference for the physician to provide information and lower in preference for considering nonmedical aspects of the patient's life and religious beliefs. As hypothesized, preference differences accounted for significant variance in satisfaction in overall tests (19% in the family medicine patients and 25% in internal medicine patients). Greater satisfaction was associated with fit between patient and physician preferences for physician decision making (in the internal medicine patients) and with fit in providing information and consideration of religion (in family medicine patients) CONCLUSIONS: Patients often prefer behaviors other than how their physicians prefer to behave. Preference fit is associated with enhanced patient satisfaction. Physicians should attend to whether patients want religion and other nonmedical aspects of their lives considered. Health plans may wish to provide tools to help patients choose physicians by fit.

Seton, M. [Cambridge Health Alliance and Massachusetts General Hospital, Boston, MA 02114]. **"Teach me, and I will be silent; make me understand how I have erred." (Job 6:24)."** *Annals of Internal Medicine* 144, no. 6 (Mar 21, 2006): 449-450.

This is a physician's reflection on a patient case, with religious themes from the Book of Job.

Sexton, R. L., Carlson, R. G., Siegal, H., Leukefeld, C. G. and Booth, B. [Center for Interventions, Treatment and Addiction Research, 3640 Colonel Glenn Highway, Dayton, OH 45435; Rocky.Sexton@Wright.Edu]. **"The role of African-American clergy in**

**providing informal services to drug users in the rural South: preliminary ethnographic findings.”** *Journal of Ethnicity in Substance Abuse* 5, no. 1 (2006): 1-21.

[Abstract:] To date, no ethnographic studies of the role of African-American clergy in providing informal services to drug users in the rural South have been reported. We use qualitative interviews with 15 African-American ministers and 26 African-American drug users in Arkansas' Mississippi River Delta region to explore this issue. All drug users reported significant religiosity, and 9 had discussed drug problems with clergy. Every minister had provided assistance to at least one drug user or their family during the previous year, including: direct counseling; referrals to treatment programs; aiding negotiations with formal institutions; and providing for basic needs. Ministers stated that clergy are not well-prepared to address drug problems, and most acknowledged a need for professional training. They also discussed barriers to education. The findings contribute to understanding rural informal drug treatment resources. They suggest that professional treatment providers should investigate the potential benefits of improving outreach efforts to assist African-American ministers engaged in drug abuse issues.

Shapiro, J., Rucker, L., Boker, J. and Lie, D. [Dept. of Family Medicine, UC Irvine Medical Center, Orange, CA; jfshapir@uci.edu]. **“Point-of-view writing: A method for increasing medical students' empathy, identification and expression of emotion, and insight.”** *Education for Health* 19, no. 1 (Mar 2006): 96-105.

[Abstract:] CONTEXT: Although interest exists among medical educators in using writing that reflects on clinical experience to enhance medical students' communication skills, empathy, and overall professionalism, little empirical research documents the value of this approach. This study explored whether students trained in one type of writing would first demonstrate increased awareness of emotional aspects of a clinical encounter in their writing; and second, be evaluated more positively in an OSCE situation by standardized patients. METHOD: Ninety-two students were assigned to either a point-of-view writing or a clinical reasoning condition as part of a second year doctoring course. At the end of the year, students were evaluated in an OSCE format on 3 cases, and completed a writing assignment about an ER death from cardiac arrest. Student essays were scored according to presence or absence of various themes. A linguistic analysis of the essays was also performed. Point-of-view and clinical reasoning group scores were compared on both measures, as well as on the standardized patient OSCE ratings. RESULTS: Students trained in point-of-view writing demonstrated significantly more awareness of emotional and spiritual aspects of a paper case in a writing assignment than did students trained in clinical reasoning. By contrast, students in the clinical reasoning group were more likely to distance from the scenario. The two groups did not differ on SP OSCE ratings. CONCLUSION: Training in point-of-view writing can improve medical students' written skills on certain affective dimensions. It is not clear that these skills can translate into clinical behavior.

Sheridan, I. [Department of Emergency Medicine, New York Hospital Queens, Bayside, NY; indrani28@earthlink.net]. **“Treating the world without leaving your ED: opportunities to deliver culturally competent care.”** *Academic Emergency Medicine* 13, no. 8 (Aug 2006): 896-903.

This review of cultural issues encountered in emergency medical practice considers religion at various points and specifically on p. 899. Also, [from the abstract:] This report explores some of the challenges faced by immigrant patients and their treating physicians during clinical encounters. It examines the roots of miscommunication and dissatisfaction stemming from cultural differences and expectations and suggests ways to minimize their negative effects.

Sherman, D. W., Ye, X. Y., McSherry, C., Parkas, V., Calabrese, M. and Gatto, M. [Doctoral Program and the Advanced Practice Palliative Care Master's and Post-Master's Programs, New York University, New York 10003-6677]. **“Quality of life of patients with advanced cancer and acquired immune deficiency syndrome and their family caregivers.”** *Journal of Palliative Medicine* 9, no. 4 (Aug 2006): 948-963.

Among the findings from this study of 101 patients with advanced illness (63 patients with advanced AIDS and 38 with advanced cancer) and 81 family caregivers (43 caregivers for patients with AIDS and 38 caregivers for patients with cancer), using the McGill Quality of Life Questionnaire (MQOL) for patients, and the Quality of Life Scale (QLS) for family caregivers, were [from the abstract:] Based on the QLS, AIDS caregivers reported greater overall quality of life, greater psychological well-being, and greater spiritual well-being than cancer caregivers. ...Only religious affiliation was significantly related to quality of life for patients with AIDS, while gender was the only variable associated with quality of life for patients with cancer....

Simoni, J. M., Frick, P. A. and Huang, B. [Department of Psychology, University of Washington, Box 351525, Seattle, WA 98195-1525; jsimoni@u.washington.edu]. **“A longitudinal evaluation of a social support model of medication adherence among HIV-positive men and women on antiretroviral therapy.”** *Health Psychology* 25, no. 1 (Jan 2006): 74-81.

[Abstract:] Nonadherence in the management of chronic illness is a pervasive clinical challenge. Although researchers have identified multiple correlates of adherence, the field remains relatively atheoretical. The authors propose a cognitive-affective model of medication adherence based on social support theory and research. Structural equation modeling of longitudinal survey data from 136 mainly African American and Puerto Rican men and women with HIV/AIDS provided preliminary support for a modified model. Specifically, baseline data indicated social support was associated with less negative affect and greater spirituality, which, in turn, were associated with self-efficacy to adhere. Self-efficacy to adhere at baseline predicted self-reported adherence at 3 months, which predicted chart-extracted viral load at 6 months. The findings have relevance for theory building, intervention development, and clinical practice.

Sinclair, S., Pereira, J. and Raffin, S. [Foothills Medical Centre, Univ. of Calgary, Canada; shane.sinclair@calgaryhealthregion.ca]. **“A thematic review of the spirituality literature within palliative care.”** *Journal of Palliative Medicine* 9, no. 2 (Apr 2006): 464-479.

[Abstract:] Research related to spirituality and health has developed from relative obscurity to a thriving field of study over the last 20 years both within palliative care and within health care in general. This paper provides a descriptive review of the literature related to spirituality and health, with a special focus on spirituality within palliative and end-of-life care. CINAHL and MEDLINE were searched under the keywords "spirituality" and "palliative." The review revealed five overarching themes in the general spirituality and health literature: (1) conceptual difficulties related to the term spirituality and proposed solutions; (2) the relationship between spirituality and religion; (3) the effects of spirituality on health; (4) the subjects enrolled in spirituality-related research; and (5) the provision of spiritual care. While the spirituality literature within palliative care shared these overarching characteristics of the broader spirituality and health literature, six specific thematic areas transpired: (1) general discussions of spirituality in palliative care; (2) the spiritual needs of palliative care patients; (3) the nature of hope in palliative care; (4) tools and therapies related to spirituality; (5) effects of religion in palliative care; and (6) spirituality and

palliative care professionals. The literature as it relates to these themes is summarized in this review. Spirituality is emerging largely as a concept void of religion, an instrument to be utilized in improving or maintaining health and quality of life, and focused predominantly on the "self" largely in the form of the patient. While representing an important beginning, the authors suggest that a more integral approach needs to be developed that elicits the experiential nature of spirituality that is shared by patients, family members, and health care professionals alike. [159 references.]

Sinclair, S., Raffin, S., Pereira, J. and Guebert, N. [Foothills Medical Centre, University of Calgary, Calgary, Alberta, Canada; shane.sinclair@calgaryhealthregion.ca]. **"Collective soul: the spirituality of an interdisciplinary palliative care team."** *Palliative & Supportive Care* 4, no. 1 (Mar 2006): 13-24.

[Abstract:] OBJECTIVE: Although spirituality as it relates to patients is gaining increasing attention, less is known about how health care professionals (HCP) experience spirituality personally or collectively in the workplace. This study explores the collective spirituality of an interdisciplinary palliative care team, by studying how individuals felt about their own spirituality, whether there was a shared sense of a team spirituality, how spirituality related to the care the team provided to patients and whether they felt that they provided spiritual care. METHODS: A qualitative autoethnographic approach was used. The study was conducted in a 10-bed Tertiary Palliative Care Unit (TPCU) in a large acute-care referral hospital and cancer center. Interdisciplinary team members of the TPCU were invited to participate in one-to-one interviews and/or focus groups. Five interviews and three focus groups were conducted with a total of 20 participants. RESULTS: Initially participants struggled to define spirituality. Concepts of spirituality relating to integrity, wholeness, meaning, and personal journeying emerged. For many, spirituality is inherently relational. Others acknowledged transcendence as an element of spirituality. Spirituality was described as being wrapped in caring and often manifests in small daily acts of kindness and of love, embedded within routine acts of caring. Palliative care served as a catalyst for team members' own spiritual journeys. For some participants, palliative care represented a spiritual calling. A collective spirituality stemming from common goals, values, and belonging surfaced. SIGNIFICANCE OF RESULTS: This was the first known study that focused specifically on the exploration of a collective spirituality. The culture of palliative care seems to foster spiritual reflection among health care professionals both as individuals and as a whole. While spirituality was difficult to describe, it was a shared experience often tangibly present in the provision of care on all levels.

Skalla, K. and McCoy, J. P. [Outreach Program, Norris Cotton Cancer Center, Dartmouth-Hitchcock Medical Center, Lebanon, NH; karen.a.skalla@hitchcock.org]. **"Spiritual assessment of patients with cancer: the moral authority, vocational, aesthetic, social, and transcendent model."** *Oncology Nursing Forum* 33, no. 4 (Jul 2006): 745-751.

[Abstract:] PURPOSE/OBJECTIVES: To explore the nature of spiritual care in patients with cancer and discuss the Moral Authority, Vocational, Aesthetic, Social, and Transcendent (Mor-VAST) Model, a new theoretical model for assessment. DATA SOURCES: Published articles, online references. DATA SYNTHESIS: Discussions regarding spirituality often do not occur for a variety of reasons but may affect physical and spiritual health of an individual. CONCLUSIONS: Assessment of spirituality should be an integral part of cancer care. The Mor-VAST model can assist clinicians in discussing spirituality. IMPLICATIONS FOR NURSING: Nurses should be aware of resources for referral to chaplaincy, but they can be a part of the process of spiritual support. Educational opportunities are available for nurses who wish to address their own spirituality so they can address spirituality comfortably and confidently with their patients.

Smith-Stoner, M. [California State University-Fullerton, Fullerton, CA; marilynstoner@verizon.net]. **"Caring for patients of diverse religious traditions: considerations for Buddhist clients in home care."** *Home Healthcare Nurse* 24, no. 7 (Jul-Aug 2006): 459-466. Quiz on pp. 467-468

This is a practical overview of issues to keep in mind when caring for Buddhist patients (--part of a series in the journal).

Snorton, T. E. [Association for Clinical Pastoral Education, 1549 Clairmont Road, Suite 103, Decatur, GA 30033;teresa@acpe.edu]. **"Setting common standards for professional chaplains in an age of diversity."** *Southern Medical Journal* 99, no. 6 (Jun 2006): 660-662.

This is a brief comment by the Director of the Association for Clinical Pastoral Education, as part of the journal's series of special sections on Spirituality & Medicine.

Solyom, A. E. [University of Virginia Health System, Charlottesville, VA 24503; aesolyom@earthlink.net]. **"Educating physicians: are we doing enough?"** *Southern Medical Journal* 99, no. 4 (Apr 2006): 436-440.

This article generally addresses the education of physicians about spirituality & health, in connection with morality and physician identity. This is part of one of the journal's special sections on Spirituality & Medicine.

Sorajjakool, S., Thompson, K. M., Aveling, L. and Earl, A. [Loma Linda University, Loma Linda, CA 92350]. **"Chronic pain, meaning, and spirituality: a qualitative study of the healing process in relation to the role of meaning and spirituality."** *The Journal of Pastoral Care & Counseling: JPCC* 60, no. 4 (2006): 369-378.

[Abstract:] This qualitative study explores experiences of individuals with chronic pain in their attempt to find meaning in the presence of continual pain. Fifteen participants at Loma Linda University Behavioral Medicine Center were interviewed. Emerging themes from this study show that (1) meaning is initially defined as the ability to engage in productive activities and positive relationships; (2) chronic pain is perceived as the factor that removes meaning from the lives of sufferers; (3) medication is used to cope with pain, leading to addiction; (4) addiction results in greater loss of meaning; and (5) rediscovery of meaning takes place through a more complex understanding of the self that embraces suffering and thus is able to explain the interrelation of pain, emotions, and addiction. A change in self-understanding makes the reintegration of meaning possible.

Speraw, S. [The University of Tennessee College of Nursing, Knoxville, TN 37996-4180; ssperaw@utk.edu]. **"Spiritual experiences of parents and caregivers who have children with disabilities or special needs."** *Issues in Mental Health Nursing* 27, no. 2 (Feb-Mar 2006): 213-230.

[Abstract:] Despite the fact that faith has been described as a universal concern, and despite the realization that the presence of social supports is an essential element in successful coping, there has been no systematic examination of the quality of spiritual networks important to families impacted by childhood disability. There is also little understanding of how spirituality in children influences the lived experience of faith in the adults who care for them. Findings reported here come out of a larger existential phenomenology study that examined the lived experience of

parents or caregivers who sought to obtain formal religious education for their children with special needs. Participants included 26 parents/caregivers representing 44 children with special needs and 15 different faith traditions. Narratives indicated that many clergy and members of faith communities either devalue or fail to recognize the spiritual lives of disabled children. This lack of recognition was associated with participant disillusionment or crises of faith and a sense of alienation from potential sources of emotional support. In contrast, those participants whose children were welcomed reported feeling sustaining support and strengthened faith. No parent or caregiver perceived nurses as having an awareness of or interest in spirituality within families of children who have special needs.

Steinhauser, K. E., Voils, C. I., Clipp, E. C., Bosworth, H. B., Christakis, N. A. and Tulskey, J. A. [Centers for Palliative Care, Veterans Affairs Medical Center, and Department of Medicine, Division of Geriatrics, School of Nursing, Center for the Study of Aging and Human Development, Duke University, Durham, NC 27705; karen.steinhauser@duke.edu]. **“Are you at peace?: one item to probe spiritual concerns at the end of life.”** *Archives of Internal Medicine* 166, no. 1 (Jan 9, 2006): 101-105.

[Abstract:] BACKGROUND: Physicians may question their role in probing patients' spiritual distress and the practicality of addressing such issues in the time-limited clinical encounter. Yet, patients' spirituality often influences treatment choices during a course of serious illness. A practical, evidence-based approach to discussing spiritual concerns in a scope suitable to a physician-patient relationship may improve the quality of the clinical encounter. METHODS: Analysis of the construct of being "at peace" using a sample of patients with advanced cancer, congestive heart failure, or chronic obstructive pulmonary disease. Descriptive statistics were used to compare response distributions among patient subgroups. Construct validity of the concept of being "at peace" was evaluated by examining Spearman rank correlations between the item and existing spirituality and quality-of-life subscales. RESULTS: Variation in patient responses was not explained by demographic categories or diagnosis, indicating broad applicability across patients. Construct validity showed that feeling at peace was strongly correlated with emotional and spiritual well-being. It was equally correlated with faith and purpose subscales, indicating applicability to traditional and nontraditional definitions of spirituality. CONCLUSIONS: Asking patients about the extent to which they are at peace offers a brief gateway to assessing spiritual concerns. Although these issues may be heightened at the end of life, research suggests they influence medical decision making throughout a lifetime of care. [This study has been reviewed on the website of the Research Network of the Association for Clinical Pastoral Education at [www.ACPEResearch.net](http://www.ACPEResearch.net) --see the site's February 2006 Article-of-the-Month page.]

Sterling, R. C., Weinstein, S., Hill, P., Gottheil, E., Gordon, S. M. and Shorie, K. [Department of Psychiatry and Human Behavior, Thomas Jefferson University, 1021 South 21st Street, Philadelphia, Pennsylvania 19146, USA. Robert.sterling@jefferson.edu]. **“Levels of spirituality and treatment outcome: a preliminary examination.”** *Journal of Studies on Alcohol* 67, no. 4 (Jul 2006): 600-606. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] OBJECTIVE: The primary aim of this study was to examine whether admission differences in levels of spirituality predisposed alcohol-dependent individuals to favorable or unfavorable outcomes following admission to facilities that differed in the degree to which spirituality was emphasized. It was hypothesized that individuals whose admission level of spirituality was congruent with the treatment program's orientation and who as such were considered optimally placed (i.e., "matched") for treatment would evince better in-treatment outcomes. METHOD: Four hundred and five participants completed measures of spirituality and psychosocial well-being at intake and at end of treatment. RESULTS: In examining the entire sample, no matching effects were observed on discharge status, abstinence efficacy, or desire to drink. When analyses were restricted to those cases scoring in the upper or lower quartiles in spirituality, we observed a paradoxical effect, as individuals recording lower levels of spirituality at the less spiritual program evinced significantly poorer outcomes (i.e., less abstinence efficacy, greater desire to drink). CONCLUSIONS: These findings hint at the importance of spirituality in the environment of care, indicating that individuals low in spirituality were at risk for poorer outcomes, but exposure to a program that emphasized spirituality lowered that risk.

Stern, J. and James, S. [Institute for Learning, The University of Hull, Hull, UK; j.stern@hull.ac.uk]. **“Every person matters: enabling spirituality education for nurses.”** *Journal of Clinical Nursing* 15, no. 7 (Jul 2006): 897-904. [This article is part of a special theme issue on spirituality & nursing.]

[From the abstract:] ...This paper consists of a critical review of current and in-coming statutory requirements [in the UK] related to spirituality, nursing and nurse education, and a synthetic review of definitions of and approaches to meeting spiritual needs. CONCLUSION: The emergent relational framework for considering spirituality in nurse education acknowledges the ambiguity of spirituality and treats that ambiguity as in some ways enabling rather than constraining...[51 references.]

Stetz, C. **“Making room for spirituality.”** *Health Progress* 87, no. 3 (May-Jun 2006): 26-29.

[Abstract:] Avera Health, Sioux Falls, SD, is committed to providing opportunities for physicians to grow spiritually as well as professionally. This commitment has resulted in several initiatives, among which are the formation of several spirituality/reflection groups for doctors and the practice of beginning physician council meetings with sessions on mission. In a round-robin discussion accompanying the article, several leaders of physician spirituality/reflection groups explain how Avera's emphasis on spirituality has helped them avoid burnout and become better doctors. A list of suggested readings used by the reflection groups reveals the diversity of topics that can fall under the heading of "spirituality".

Stone, R. A., Whitbeck, L. B., Chen, X., Johnson, K. and Olson, D. M. [Department of Sociology, University of Nebraska-Lincoln, 703 Oldfather Hall, Lincoln, Nebraska 68588-0324; rstone2@unl.edu]. **“Traditional practices, traditional spirituality, and alcohol cessation among American Indians.”** *Journal of Studies on Alcohol* 67, no. 2 (Mar 2006): 236-244.

[From the abstract:] ...In this study, we investigate the influence of enculturation, and each of the three component dimensions (traditional practices, traditional spirituality, and cultural identity) to provide a stringent evaluation of the specific mechanisms through which traditional culture affects alcohol cessation among American Indians. METHOD: These data were collected as part of a 3-year lagged sequential study currently underway on four American Indian reservations in the upper Midwest and five Canadian First Nation reserves. The sample consisted of 980 Native American adults, with 71% women and 29% men who are parents or guardians of youth ages 10-12 years old. Logistic regression was used to assess the unique contribution of the indicators of alcohol cessation. Excluding adults who had no lifetime alcohol use, the total sample size for present analysis is 732 adult respondents. RESULTS: The findings show that older adults, women, and married adults were more likely to have quit using alcohol. When we examined the individual components of enculturation, two of the three components (participation in traditional activities and traditional spirituality) had significantly positive effects on alcohol cessation....

Stoneberg, J. N. and von Gunten, C. F. [San Diego Hospice and Palliative Care, Center for Palliative Studies, 4311 Third Avenue, San Diego, CA 92103; jstoneberg@sdhospice.org]. **“Assessment of palliative care needs.”** *Anesthesiology Clinics* 24, no. 1 (Mar 2006):1-17. [See also the article in the same issue: Anderson, H., “Living until we die: reflections on the dying person's spiritual agenda,” also cited in this bibliography.]

[Abstract:] Caring for a patient at the end of life requires a thorough understanding of the patient's disease and a detailed investigation into all domains of the patient's being. The patient's goals of care should be revealed, and the interdisciplinary team must work together to provide the patient with maximal care to ensure the best possible quality of life. We must devise a comprehensive and flexible plan so that any anticipated issues may be resolved quickly. As Sir William Osler stated, our goal as physicians is “to cure sometimes, to relieve often, to comfort always.”

Straveler, R. [Mid America Dialysis Clinic in Columbus, OH]. **“Meditation in the dialysis clinic.”** *Nephrology News & Issues* 20, no. 2 (Feb 2006): 34.

This is a brief but featured “cover story” article on the subject. See also articles by Barlow and Mattison, elsewhere in this bibliography.

Sullivan, M. D. and Mason, L. M. **“Slowly dying from sarcoidosis: a patient's story of hanging on and letting go.”** *Journal of Palliative Care* 22, no. 2 (2006): 119-123.

This is an account of a patient's experience of illness and his coming to terms with his mortality, written jointly by the patient--a former professional football player--and his psychiatrist/pain physician. The physician prefaces the narrative by saying that the patient's “prolonged dying, as well as his reflective and articulate nature, offer a unique window into the experience of dying” [p. 119]. Religious issues are addressed, especially during advanced stages of the disease.

Sulmasy, D. P. [John J. Conley Department of Ethics, St. Vincent's Hospital, Manhattan, NY 10011; daniel\_sulmasy@nymc.edu]. **“Promethean medicine: spirituality, stem cells, and cloning.”** *Southern Medical Journal* 99, no. 12 (Dec 2006): 1419-1423.

[Abstract:] Every ethos implies a mythos. That is, every ethical system depends upon some fundamental story disclosing its assumptions about human nature, freedom, good and evil, and the workings of the universe. A romanticized version of the myth of Prometheus, who stole fire from the gods and was punished by being chained to a rock and having his liver plucked out by vultures, seems to under-gird much of contemporary healthcare. Christianity offers a different view--one in which the universe is not a zero sum game and human beings do not need to steal fire because God has already freely given them all the fire they need in Christ and in his spirit. A critical virtue for physicians, taught by Christianity, is sagacious engagement--the ability to engage the world practically, discerning what can and should be changed and what should be accepted as unchangeable and given. The illusory quest for immortality through the practice of regenerative medicine using stem cells is a gross violation of that virtue.

Sulmasy, D. P. [The John J. Conley Department of Ethics, St Vincent's Hospital-Manhattan and New York Medical College, New York 10011; daniel\_sulmasy@nymc.edu]. **“Spiritual issues in the care of dying patients: ‘...It's okay between me and God.’”** *JAMA* 296, no. 11 (Sep 20, 2006): 1385-1392. Comment in vol. 296, no. 18 (Nov 8, 2006): 2254.

[Abstract:] Spiritual issues arise frequently in the care of dying patients, yet health care professionals may not recognize them, may not believe they have a duty to address these issues, and may not understand how best to respond to their patients' spiritual needs. The case of a patient with a strong religious belief in a miraculous cure of metastatic pancreatic cancer is used to explore how better understanding of this belief and more explicitly spiritual conversation with the patient by his treating team might have provided opportunities for an improved plan of care. This article distinguishes spirituality from religion; describes the salient spiritual needs of patients at the end of life as encompassing questions of meaning, value, and relationship; delineates the role physicians ought to play in ascertaining and responding to those needs; and discusses the particular issue of miracles, arguing that expectations of miraculous cure ought not preclude referral to hospice care.

Sussman, S., Skara, S., Rodriguez, Y. and Pokhrel, P. [Department of Preventive Medicine, Institute for Health Promotion and Disease Prevention Research, University of Southern California, Keck School of Medicine, Alhambra, CA 91803; sussma@usc.edu]. **“Non drug use- and drug use-specific spirituality as one-year predictors of drug use among high-risk youth.”** *Substance Use & Misuse* 41, no. 13 (2006): 1801-1816.

[From the abstract:] The present article explored two different dimensions of spirituality that might tap negative and positive relations with adolescent drug use over a 1-year period. Non-drug-use-specific spirituality measured how spiritual the person believes he or she is, participation in spiritual groups, and engagement in spiritual practices such as prayer, whereas drug-use-specific spirituality measured using drugs as a spiritual practice. Self-report questionnaire data were collected during 1997-1999 from a sample of 501 adolescents in 18 continuation high schools across southern California. ...A series of general linear model analyses were conducted to identify whether or not two different spirituality variables predict drug use (cigarettes, alcohol, marijuana, hallucinogens, and stimulants) at 1-year follow-up. After controlling for baseline drug use, non-drug-use-specific spirituality was negatively predictive of alcohol, marijuana, and stimulant use, whereas drug-use-specific spirituality failed to be found predictive of these variables one year later. Conversely, drug-use-specific spirituality was positively predictive of cigarette smoking and hallucinogen use, whereas non-drug-use spirituality failed to be found predictive of these variables. Our results provide new evidence that suggests that spirituality may have an effect on drug use among adolescents. The drug-use-specific measure of spirituality showed “risk effects” on drug use, whereas the other measure resulted in “protective effects,” as found in previous research....

Sweat, M. T. [Research College of Nursing, Kansas City, MO]. **“Does knowing a patient's religion help or hinder?”** *Journal of Christian Nursing* 23, no. 2 (Spring 2006): 41, 47.

This is one of the journal's Frequently Asked Questions sections on spiritual care and the relation of religion to nursing.

Szaflarski, M., Neal Ritchey, P., Leonard, A. C., Mrus, J. M., Peterman, A. H., Ellison, C. G., McCullough, M. E. and Tsevat, J. [Institute for the Study of Health, University of Cincinnati, Cincinnati, OH]. **“Modeling the effects of spirituality/religion on patients' perceptions of living with HIV/AIDS.”** *Journal of General Internal Medicine* 21, Suppl 5 (Dec 2006): S28-38. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Spirituality/religion is an important factor in health and illness, but more work is needed to determine its link to quality of life in patients with HIV/AIDS. OBJECTIVE: To estimate the direct and indirect effects of spirituality/religion on patients'

perceptions of living with HIV/AIDS. DESIGN: In 2002 and 2003, as part of a multicenter longitudinal study of patients with HIV/AIDS, we collected extensive demographic, clinical, and behavioral data from chart review and patient interviews. We used logistic regression and path analysis combining logistic and ordinary least squares regression. SUBJECTS: Four hundred and fifty outpatients with HIV/AIDS from 4 sites in 3 cities. MEASURES: The dependent variable was whether patients felt that life had improved since being diagnosed with HIV/AIDS. Spirituality/religion was assessed by using the Duke Religion Index, Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being-Expanded, and Brief RCOPE measures. Mediating factors included social support, self-esteem, healthy beliefs, and health status/health concerns. RESULTS: Approximately one-third of the patients felt that their life was better now than it was before being diagnosed with HIV/AIDS. A 1-SD increase in spirituality/religion was associated with a 68.50% increase in odds of feeling that life has improved-29.97% due to a direct effect, and 38.54% due to indirect effects through healthy beliefs (29.15%) and health status/health concerns (9.39%). Healthy beliefs had the largest effect on feeling that life had improved; a 1-SD increase in healthy beliefs resulted in a 109.75% improvement in feeling that life changed. CONCLUSIONS: In patients with HIV/AIDS, the level of spirituality/religion is associated, both directly and indirectly, with feeling that life is better now than previously. Future research should validate our new conceptual model using other samples and longitudinal studies. Clinical education interventions should focus on raising awareness among clinicians about the importance of spirituality/religion in HIV/AIDS. [This article is part of the journal's special theme issue on spirituality and HIV/AIDS.]

Tamura, K., Ichihara, K., Maetaki, E., Takayama, K., Tanisawa, K. and Ikenaga, M. [Department of Medical Ethics, Osaka University Graduate School of Medicine, Osaka, Japan; a287027@ych.or.jp]. **“Development of a spiritual pain assessment sheet for terminal cancer patients: targeting terminal cancer patients admitted to palliative care units in Japan.”** *Palliative & Supportive Care* 4, no. 2 (Jun 2006): 179-188.

[Abstract:] OBJECTIVE: This research explores the potential benefit of a spiritual pain assessment sheet to clinical practice. With spiritual pain defined as "pain caused by extinction of the being and meaning of the self," the spiritual pain assessment sheet was developed by Hisayuki Murata from his conceptual framework reflecting the three dimensions of a human being as a being founded on temporality, a being in relationship, and a being with autonomy. The assessment sheet was developed from reviews of the literature and examinations from a philosophical perspective on the structure of spiritual pain. METHODS: Patients admitted to palliative care units in Japan were interviewed using the assessment sheet. The responses were analyzed qualitatively. The usefulness of the assessment sheet and the burden placed on the patients by its use were also investigated. RESULTS: The spiritual pain elucidated by the assessment sheet was the same as that revealed in the earlier research of Morita. The patients reported that they did not find the use of the assessment sheet a burden, and more than half reported that it was useful. The burden of the assessment sheet on the subjects was thus determined to be low. Positive feedback on the assessment sheet was also received from the nurses who conducted the patient interviews, who said the assessment sheet made it easier to talk with the patients about their spiritual pain. SIGNIFICANCE OF RESEARCH: The research results indicate that the spiritual pain assessment sheet provided an appropriate assessment of spiritual pain among terminal cancer patients, showing that such a sheet could be used as an assessment tool in the future.

Tamura, K., Kikui, K. and Watanabe, M. [Department of Medical Ethics, Osaka University Graduate School of Medicine, Osaka, Japan; a287027@ych.or.jp]. **“Caring for the spiritual pain of patients with advanced cancer: a phenomenological approach to the lived experience.”** *Palliative & Supportive Care* 4, no. 2 (Jun 2006): 189-196.

[Abstract:] OBJECTIVE: The aim of this research was to reveal, from the perspective of the "lived experience" shared by cancer patients and their nurses, how patients facing death create lived experience in the context of palliative care. This research also aims to elucidate the meaning nurses find in patients' experiences while caring for their patients. METHODS: The participants in this study were cancer patients who were given opportunities to discuss events and concerns in their daily lives, with the interactions guided by the researchers. Transcriptions of conversations with the patients were analyzed using the method for empirical data classification set forth by Giorgi (1985) with appropriate modification. RESULTS: This study found that when the nurse correctly interprets the meaning of the concerns (Heidegger, 1962) of the patient facing death and shares that meaning with the patient, fundamental questions naturally arise for the patient. Answering these questions becomes possible only through interactions that require the reexamination of the values of the patient and the nurse. SIGNIFICANCE OF RESEARCH: This research elucidates the spiritual pain experienced by cancer patients and discusses opportunities for nurses to address the spiritual care of these patients.

Tan, G. H., Totapally, B. R., Torbati, D. and Wolfsdorf, J. [Division of Critical Care Medicine, Miami Children's Hospital, FL]. **“End-of-life decisions and palliative care in a children's hospital.”** *Journal of Palliative Medicine* 9, no. 2 (Apr 2006): 332-342.

[From the abstract:] OBJECTIVE: To investigate clinical and demographic factors affecting the nature of end-of-life decisions and pediatric palliative care. DESIGN: Charts of 236 expired children were retrospectively reviewed for presence of end-of-life care (EOLC) discussions and spiritual support, the nature of EOLC decisions, and the degree of opioid analgesics (OA) and sedatives (SDT) administration. [Among the results:] Approximately 60% of patients had EOLC discussion, of whom 87.4% obtained an EOLC decision, mostly opting for withholding therapy (68.8%). Presence of EOLC discussion was associated with a longer hospital stay (univariate analyses: odds ratio [OR] = 1.9;  $p < 0.029$ ), higher number of failed organs (OR = 2.5;  $p < 0.003$ ), chronic illnesses (OR = 2.4;  $p < 0.002$ ), spiritual support (OR = 1.8;  $p < 0.028$ ) and respiratory diseases (OR = 3.1;  $p < 0.0006$ ). ...Spiritual support was associated with higher use of both OA and SDT (OR = 1.9 and 2.3;  $p < 0.014$  and  $p < 0.005$ , respectively)....

Tanyi, R. A., Werner, J. S., Recine, A. C. and Sperstad, R. A. [Loma Linda University, School of Public Health, CA]. **“Perceptions of incorporating spirituality into their care: a phenomenological study of female patients on hemodialysis.”** *Nephrology Nursing Journal: Journal of the American Nephrology Nurses' Association* 33, no. 5 (Sep-Oct 2006): 532-538.

[Abstract:] This phenomenological study was aimed at understanding how women with end stage renal disease undergoing hemodialysis want nurses to address their spirituality. Interviews were conducted with 16 women from outpatient hemodialysis centers in a large Midwestern city. Eighty-three significant statements yielded meanings representing four theme clusters, highlighting how these women prefer nurses to incorporate spirituality into their care: (a) displaying genuine caring, (b) building relationships and connectedness, (c) initiating spiritual dialogue, and (d) mobilizing spiritual resources. Participants expressed that nephrology nurses are uniquely positioned to understand their individualized spiritual needs and implement spiritual care.



Tanyi, R. A. [Prevention, Lifestyle and Wellness Services, Loma Linda, CA 92354; rtanyi@yahoo.com]. **"Spirituality and family nursing: spiritual assessment and interventions for families."** *Journal of Advanced Nursing* 53, no. 3 (Feb 2006): 287-294.

[Abstract:] AIM: The aim of this paper is to propose a guideline for spiritual assessment and interventions explicitly for families, while considering each family member's unique spirituality. BACKGROUND: Spirituality's positive effect is pervasive in health care and in the lives of many families; therefore, there is a need to integrate spiritual assessment and interventions in total family care. DISCUSSION: The majority of published guidelines on spiritual assessment and interventions are designed predominantly for individuals. They fail to differentiate between individual and family spirituality or offer only brief discussions on family spirituality. Such guidelines are potentially problematic. They may lead nurses to focus only on individual spirituality and neglect to discern family unit spirituality or recognize the presence of conflicts in spiritual perspectives within the family. While other disciplines such as social work and family therapy have several guidelines/strategies to assess family spirituality, there is a dearth of such guidelines in the family health nursing and spirituality literature, in spite of the rhetoric about incorporating spirituality as part of total family assessment. As a beginning solution, guidelines are proposed for spiritual assessment and interventions for the family as a unit, and the category of spiritual interpretation to represent diagnosis is introduced. Case studies exemplify how to integrate the guideline, and illustrate elements that may favour specific interpretations which would guide the interventions. CONCLUSION: As nurses continually strive to assist families with their health needs, they must also attend to their spiritual needs, as one cannot truly assess a family without assessing its spirituality.

Tarakeshwar, N., Khan, N. and Sikkema, K. J. [Department of Epidemiology and Public Health, Yale University, New Haven, Connecticut 06510; nalini.tarakeshwar@yale.edu]. **"A relationship-based framework of spirituality for individuals with HIV."** *AIDS & Behavior* 10, no. 1 (Jan 2006): 59-70.

[Abstract:] Twenty HIV-positive individuals (10 male, 10 female) participated in interviews on their spiritual life. Interview themes suggest that the HIV diagnosis facilitated a relationship-based framework of spirituality. Relationships that formed this framework were: relationship with God/Higher Power, renewed engagement with life, and relationship with family. Within "relationship with God/Higher Power," subthemes included gratitude for God's benevolent influence, spiritual struggles, and building connections with their Higher Power. Self care, transformation of life goals, and accepting mortality were subthemes for "renewed engagement with life." Subthemes within "relationship with family" included finding a sense of purpose, finding support through families, and families as a source of strain. Overall, results suggest that interventions that integrate spirituality need to consider a notion of spirituality that goes beyond church attendance, prayer, and Bible reading. These interventions must include the positive aspects of spirituality and spiritual struggles that individuals with HIV may experience.

Tarakeshwar, N., Vanderwerker, L. C., Paulk, E., Pearce, M. J., Kasl, S. V. and Prigerson, H. G. [Department of Epidemiology and Public Health, Yale University School of Medicine, New Haven, CT]. **"Religious coping is associated with the quality of life of patients with advanced cancer."** *Journal of Palliative Medicine* 9, no. 3 (Jun 2006): 646-657.

[Abstract:] BACKGROUND: For patients confronting a life-threatening illness such as advanced cancer, religious coping can be an important factor influencing their quality of life (QOL). OBJECTIVE: The study's main purpose was to examine the association between religious coping and QOL among 170 patients with advanced cancer. Both positive religious coping (e.g., benevolent religious appraisals) and negative religious coping (e.g., anger at God) and multiple dimensions of QOL (physical, physical symptom, psychological, existential, and support) were studied. DESIGN: Structured interviews were conducted with 170 patients recruited as part of an ongoing multi-institutional longitudinal evaluation of the prevalence of mental illness and patterns of mental health service utilization in advanced cancer patients and their primary informal caregivers. MEASUREMENTS: Patients completed measures of QOL (McGill QOL questionnaire), religious coping (Brief Measure of Religious Coping [RCOPE] and Multidimensional Measure of Religion/ Spirituality), self-efficacy (General Self-Efficacy Scale), and sociodemographic variables. RESULTS: Linear regression analyses revealed that after controlling for sociodemographic variables, lifetime history of depression and self-efficacy, greater use of positive religious coping was associated with better overall QOL as well as higher scores on the existential and support QOL dimensions. Greater use of positive religious coping was also related to more physical symptoms. In contrast, greater use of negative religious coping was related to poorer overall QOL and lower scores on the existential and psychological QOL dimensions. CONCLUSIONS: Findings show that religious coping plays an important role for the QOL of patients and the types of religious coping strategies used are related to better or poorer QOL.

Taylor, B. E., Flannelly, K. J., Weaver, A. J. and Zucker, D. J. [The Center for Clinical Pastoral Education, The HealthCare Chaplaincy, 307 East 60th Street, New York, NY 10022]. **"Compassion fatigue and burnout among Rabbis working as chaplains."** *The Journal of Pastoral Care & Counseling: JPCC* 60, nos. 1-2 (Spring-Summer 2006): 35-42.

[Abstract:] Compassion Fatigue, Compassion Satisfaction, and Burnout were studied in a convenience sample of 66 male and female Rabbis who work as chaplains and attended the annual conference of the National Association of Jewish Chaplains (NAJC) in 2002. Although Compassion Fatigue and Burnout were low among the survey participants, both measures were significantly higher among the women in the sample. Compassion Fatigue was also higher among chaplains who were divorced, and it increased with the number of hours per week the chaplains spent working with trauma victims or their families ( $r = .25, p < .05$ ). Hierarchical multiple regression was performed to determine the influence of six professional and five personal variables on each of the three dependent variables. Four professional variables accounted for 19.5% of the variation and three personal variables accounted for 20.3% of the variation in Compassion Fatigue. Attempts to predict Burnout and Compassion Satisfaction were far less successful. Burnout was predicted by only two variables (i.e. age and years as a Rabbi), which accounted for just 18.4% of the variance in Burnout scores. Age was the only variable found to have a significant effect on Compassion Satisfaction, and its effect was positive. The implications of the findings are discussed.

Taylor, E. J. [School of Nursing, Loma Linda University, CA; ejtaylor@llu.edu]. **"Prevalence and associated factors of spiritual needs among patients with cancer and family caregivers."** *Oncology Nursing Forum* 33, no. 4 (Jul 2006): 729-735.

[Abstract:] PURPOSE/OBJECTIVES: To measure the prevalence of spiritual needs and identify factors associated with spiritual needs among patients with cancer and family caregivers. DESIGN: Descriptive, cross-sectional, quantitative. SETTING: Inpatients and outpatients at a university medical center in the southwestern United States. SAMPLE: 156 patients with cancer and 68 family caregivers who were primarily white and Christian and mostly perceived their cancer as not life threatening. METHODS: Self-report questionnaires, including the Spiritual Interests Related to Illness Tool and Information About You. Statistical analysis involved analyses of variance, correlations, and factor analysis. MAIN RESEARCH VARIABLES: Spiritual needs and desire for nursing help with spiritual needs. FINDINGS: The most important spiritual needs included being positive, loving others, finding meaning, and relating to God. The least important were needing to ask "why"

questions and preparing for dying. Desire for nursing assistance with spiritual needs was moderate and varied. Variables correlated with spiritual needs and desire for nurse help included religiosity, being an inpatient, and perceiving the cancer as incurable. Desire for nurse help and importance of spiritual needs were directly correlated. **CONCLUSIONS:** Distressing spiritual needs were reported least frequently. Certain factors appear to be associated with how much spiritual need is perceived and how much nurse help with those needs is wanted. **IMPLICATIONS FOR NURSING:** Patients with cancer and family caregivers have similar spiritual needs that may require care. Spiritual assessment and therapeutics can target specific types of spiritual needs. A nurse's help with spiritual needs, however, is not always wanted.

Thompson, B. E. and MacNeil, C. [The Sage Colleges Occupational Therapy Program, Troy, New York; thompb@capital.net]. **"A phenomenological study exploring the meaning of a seminar on spirituality for occupational therapy students."** *American Journal of Occupational Therapy* 60, no. 5 (Sep-Oct 2006): 531-539.

[Abstract:] There are many unanswered questions about the concept of spirituality and its relationship to occupational performance. The role of occupational therapists in addressing clients' spiritual needs is unclear, and the inclusion of spirituality as a topic in the educational curricula of occupational therapy students requires further attention. Focus groups and surveys were used in this phenomenological study to explore the lived experiences of 11 occupational therapy students participating in a 3-month graduate seminar entitled "Spirituality in Occupational Therapy Practice." The study was designed to help occupational therapy faculty better understand how students experience the relationship between occupational therapy and spirituality, and how educational programs can better prepare students to translate theoretical frameworks into practice. Findings explored the students' evolving belief systems, and began to reveal a diversity of beliefs and practices in the occupational therapy community related to spirituality. Implications for theory and practice are offered.

Thune-Boyle, I. C., Stygall, J. A., Keshtgar, M. R. and Newman, S. P. [Centre for Behavioural & Social Sciences in Medicine, University College London, 48 Riding House St, London W1W 7EY, UK; i.thune-boyle@ucl.ac.uk]. **"Do religious/spiritual coping strategies affect illness adjustment in patients with cancer? A systematic review of the literature."** *Social Science & Medicine* 63, no. 1 (Jul 2006): 151-164.

[Abstract:] The present paper systematically reviews studies examining the potential beneficial or harmful effects of religious/spiritual coping with cancer. Using religion and spirituality as resources in coping may be specifically prevalent in patients with cancer considering the potentially life-threatening nature of the illness. Religious/spiritual coping may also serve multiple functions in long-term adjustment to cancer such as maintaining self-esteem, providing a sense of meaning and purpose, giving emotional comfort and providing a sense of hope. Seventeen papers met the inclusion criteria of which seven found some evidence for the beneficial effect of religious coping, but one of these also found religious coping to be detrimental in a sub-sample of their population. A further three studies found religious coping to be harmful and seven found non-significant results. However, many studies suffered from serious methodological problems, especially in the manner in which religious coping was conceptualized and measured. The studies also failed to control for possible influential variables such as stage of illness and perceived social support. Due to this, any firm conclusions about the possible beneficial or harmful effects of religious coping with cancer is lacking. These problems are discussed and suggestions for future studies are made. [80 references.]

Timberlake, D. S., Rhee, S. H., Haberstick, B. C., Hopfer, C., Ehringer, M., Lessem, J. M., Smolen, A. and Hewitt, J. K. [Institute for Behavioral Genetics, University of Colorado, Boulder, CO 80309-0447; david.timberlake@colorado.edu]. **"The moderating effects of religiosity on the genetic and environmental determinants of smoking initiation."** *Nicotine & Tobacco Research* 8, no. 1 (Feb 2006): 123-133.

[Abstract:] Although a number of studies have shown that various measures of religiosity are inversely correlated with smoking behavior, none of these studies have used genetically informative samples to test for a gene-environment interaction between the determinants of smoking initiation and religiosity. We tested the moderating effects of three measures of religiosity (religious affiliation, organizational religious activity, and self-rated religiousness) on the genetic and environmental determinants of smoking initiation in 237 monozygotic twin pairs, 315 dizygotic twin pairs, 779 full-sibling pairs, and 233 half-sibling pairs in young adults surveyed from the third wave of the National Longitudinal Study of Adolescent Health. Primary analyses incorporated all sibling pairs, irrespective of whether they were concordant or discordant for the environmental moderator, in models designed to account for the confounding effects of a gene-environment correlation. High levels of self-rated religiousness attenuated the additive genetic component for smoking initiation and were associated with a lower prevalence of smoking initiation. Although all three measures of religiosity were associated with lower rates of smoking initiation, only self-rated religiousness moderated genetic influences on the liability for smoking.

Trinka, J. W. [Zichlin School of Business, Baruch College]. **"Honesty when lighting votive candles in church: another look."** *Psychological Reports* 99, no. 2 (Oct 2006): 494-495.

[Abstract:] An informal 3-yr. follow-up enquiry of a prior study [*Psychological Reports* 94, no. 3, pt. 2 (Jun 2004): 1435-1436] that suggested that the use of electrical, rather than wax, candles seemingly is not a variable relevant to peoples' behavior in paying for lighting votive candles in church. Also, the number of people paying apparently continues to decline: now down (from about 30 percent in 2003) to approximately 25 percent.

Tsai, D. F. [Department of Social Medicine and Family Medicine, National Taiwan University College of Medicine, Taipei, Taiwan; fcttai@ntumc.org]. **"Eye on religion: Confucianism, autonomy and patient care."** *Southern Medical Journal* 99, no. 6 (Jun 2006): 685-687.

This is a brief consideration of the topic, as part of the journal's Eye on Religion series --a regular feature of the journal's special sections on Spirituality & Medicine.

Tsai, J. N. [Department of Religious Studies, San Diego State University, AH-4231, 55000 Campanile Drive, San Diego, CA 92182; julius.tsai@gmail.com]. **"Eye on religion: by the brush and by the sword: Daoist perspectives on the body, illness, and healing."** *Southern Medical Journal* 99, no. 12 (Dec 2006): 1452-1453.

This is part of the Eye on Religion series --a regular feature of the journal's special sections on Spirituality & Medicine.

- Tsevat, J. [Health Services Research & Development, VA Medical Center, Cincinnati, OH]. **“Spirituality/religion and quality of life in patients with HIV/AIDS.”** *Journal of General Internal Medicine* 21, Suppl 5 (Dec 2006): S1-2. [This article was still listed on Medline’s *In-Process* database at the time of this bibliography’s completion.]  
This is an editorial companion to the preface to the journal’s special theme issue on spirituality and HIV/AIDS.
- Tuck, I., Alleyne, R. and Thinganjana, W. [Dept. of Integrative Systems, School of Nursing, Virginia Commonwealth University]. **“Spirituality and stress management in healthy adults.”** *Journal of Holistic Nursing* 24, no. 4 (Dec 2006): 245-453. Discussion on pp. 254-255.  
[Abstract:] The purposes of this longitudinal, descriptive pilot study were to (a) test the acceptability and feasibility of a 6-week spiritual intervention; (b) determine the relationship between spirituality and stress; (c) explore the effects of the intervention on measures of perceived stress, spiritual perspective, and spiritual well-being; and (d) explore the meaning of spirituality. The sample consisted of 27 community-dwelling adults. Six categories emerged from the qualitative data as descriptors of the meaning and significance of spirituality. The survey data indicated that there were significant negative correlations between perceived stress and spiritual well-being at three time intervals, a significant decline in the levels of perceived stress, and a significant increase in spiritual perspective from the pretest to the 6-week follow-up. There were no significant changes in spiritual well-being. The intervention proved effective in reducing stress in this healthy adult sample.
- Tzeng, H. M. and Yin, C. Y. [I-Shou University, Nursing Dept., Ta-Shu Hsiang, Kaohsiung, Taiwan; tzeng\_hueyming@yahoo.com]. **“Learning to respect a patient’s spiritual needs concerning an unknown infectious disease.”** *Nursing Ethics: an International Journal for Health Care Professionals* 13, no. 1 (Jan 2006): 17-28.  
[Abstract:] This article aims to help readers to learn about health care related cultural and religious beliefs and spiritual needs in Chinese communities. The recall diary of a severe acute respiratory syndrome (SARS)-infected intern working in Hoping Hospital in Taiwan during the 2003 SARS epidemic is presented and used to assist in understanding one patient’s spiritual activities when personally confronted with this newly emerging infectious disease. The article also gives an overview of the 2003 SARS epidemic in Taiwan, and discusses people’s general perceptions towards infectious diseases, their coping strategies concerning disease, and their spiritual beliefs, the psychological impact of the 2003 SARS outbreak in Chinese communities, Chinese myths about infectious disease, and the religious activities of a SARS-infected intern in Taiwan. Recommendations are given on how to achieve quality holistic nursing care.
- Underwood, S. M. and Powell, R. L. [University of Wisconsin Milwaukee, College of Nursing, WI 53201; underwoo@uwm.edu]. **“Religion and spirituality: influence on health/risk behavior and cancer screening behavior of African Americans.”** *ABNF Journal* 17, no. 1 (Jan-Feb 2006): 20-31.  
[Abstract:] In spite of the diversity in the principles, expression and practice, it is believed that significant improvements can occur in the health status of African Americans if health education and outreach efforts are presented and promoted through religious, spiritual and faith-based venues. Several reports published in the peer-reviewed literature address issues related to religion, spirituality and cancer control among African Americans. This growing body of literature describes outcomes of several cancer prevention and control programs designed for and conducted within the African American faith community. However, few efforts have been undertaken to examine the influence of religion and spirituality on health/risk behavior and cancer screening practices of African Americans within the faith community. This report presents the outcomes of an exploratory study undertaken to examine the influence of religion and spirituality on the health/risk behavior and cancer screening practices of African American congregants. Data suggest a need for tailored and targeted health education, outreach and programming among the targeted group of congregants focused specifically on tobacco control, diet and nutrition, exercise and physical activity, weight management, and cancer screening. The same appears to be the case relative to the need for education, outreach and programming focused on communication with primary care providers.
- Vader, J. P. [University of Lausanne Medical Centre, Institute of Social and Preventive Medicine, Lausanne, Switzerland; Johnpaul.vader@chuv.ch]. **“Spiritual health: the next frontier.”** *European Journal of Public Health* 16, no. 5 (Oct 2006): 457.  
This is a brief comment on the place of spirituality in European healthcare and the probable role of spiritual health in medicine beyond the area of end-of-life care.
- van Leeuwen, R., Tiesinga, L. J., Post, D. and Jochemsen, H. [Department of Nursing, Ede Christian University, Ede, The Netherlands; rrvleeuwen@che.nl]. **“Spiritual care: implications for nurses’ professional responsibility.”** *Journal of Clinical Nursing* 15, no. 7 (Jul 2006): 875-884. [This article is part of a special theme issue on spirituality & nursing.]  
[Abstract:] AIM: This paper aimed to gain insight into the spiritual aspects of nursing care within the context of health care in the Netherlands and to provide recommendations for the development of care in this area and the promotion of the professional expertise of nurses. BACKGROUND: International nursing literature suggests that caregivers are expected to pay attention to spiritual aspects of patient care. In Dutch nursing literature, the spiritual dimension is increasingly becoming a focus of attention. Despite this, there is a lack of empirical data from professional practice in the Netherlands. METHOD: Data were collected by means of focus group interviews. The sample was made up of the specialist fields of cardiology, oncology and neurology and divided into groups of patients, nurses and hospital chaplains. The interviews took place between May and December 2004. Data were qualitatively analyzed using the computer program Kwalitan. RESULTS: Different spiritual themes emerged from the interviews. There were different expectations of the nurse’s role with regard to spiritual aspects. The main themes derived from this research can be recognized as aspects of nursing competencies that are reported in the literature. However, the attention to spiritual aspects in the nursing process is not clear cut. It seems to be highly dependent on personal expression and personal commitment. CONCLUSIONS: The study raises questions about the nurse’s professional role in spiritual care. The study shows that different factors (personal, cultural and educational) play a role in the fact that spiritual care is not structurally embedded in nursing care. Further research on the impact of that variable is recommended. RELEVANCE TO CLINICAL PRACTICE: Nursing care implies care for the spiritual needs of patients. To provide this care, nurses need to be knowledgeable regarding the content of spiritual care and the personal, professional, cultural and political factors influencing it. They also need to be able to participate in policy and decision-making discussions of spiritual care in clinical nursing practice.

- van Nooten, J., Oh, H., Pierce, B., Koning, F. J. and Jadad, A. R. [University Health Network, Toronto; jvnooten@yahoo.com]. **“Spiritual care as eHealth: a systematic review.”** *The Journal of Pastoral Care & Counseling: JPCC* 60, no. 4 (2006): 387-394.  
 [From the abstract:] A systematic review was undertaken of the literature on the use of the Internet and other information and communication technologies (ICT's) in the provision and support of religious and spiritual care in healthcare. Indexes such as Medline, PsychoINFO and Proquest Religion were searched. The review found little systematic study of the effectiveness of the Internet and other ICT's in religious and spiritual care....
- Villagomez, L. R. [University of South Florida, Tampa, FL; lvillago@health.usf.edu]. **“Mending broken hearts: the role of spirituality in cardiac illness: a research synthesis, 1991-2004.”** *Holistic Nursing Practice* 20, no. 4 (Jul-Aug 2006): 169-186.  
 [Abstract:] This research synthesis analyzed research on spirituality in cardiac illness from 1991 to 2004 to identify progress, gaps, and priorities for research. Articles were retrieved from PubMed and CINAHL. Twenty-six studies met inclusion criteria. Moody's Research Analysis Tool, Version 2004, was used to analyze studies. Lack of conceptual model and universal definition of spirituality are major knowledge gaps. A proposed conceptual model is presented.
- Visscher, C. [Western Michigan University, Comparative Religion Department, 1903 West Michigan Avenue, Kalamazoo, MI 49008; cynthia.j.visscher@wmich.edu]. **“Eye on religion: understanding the cultural/religious melange in treating Chinese patients.”** *Southern Medical Journal* 99, no. 6 (Jun 2006): 683-684.  
 This is a brief consideration of issues regarding Chinese patients, as part of the journal's Eye on Religion series--a regular feature of the journal's special sections on Spirituality & Medicine. See also the article by Lai, A., also noted in this bibliography.
- Visscher, C. [Western Michigan University, Comparative Religion Department, 1903 West Michigan Avenue, Kalamazoo, MI 49008; cynthia.j.visscher@wmich.edu]. **“Eye on religion: understanding the cultural/religious melange in treating Japanese patients.”** *Southern Medical Journal* 99, no. 12 (Dec 2006): 1448-1449.  
 This is part of the Eye on Religion series --a regular feature of the journal's special sections on Spirituality & Medicine.
- Vogel, J., Polloway, E. A. and Smith, J. D. [Bedford County VA School, 220 Belvedere St, Apt. C, Lynchburg, VA 24503]. **“Inclusion of people with mental retardation and other developmental disabilities in communities of faith.”** *Mental Retardation* 44, no. 2 (Apr 2006): 100-111.  
 [Abstract:] Our focus in this paper is on efforts to include persons with developmental disabilities in faith communities. We provide a review of the relevant literature on religious participation and faith communities for persons with disabilities and blend the limited data available on these topics with the perspectives of individuals whose efforts focus on these concerns. Topics explored are the implications of being part of the faith community in terms of its impact on quality of life, the barriers to inclusion in such communities, strategies for overcoming these barriers, and special considerations for adults with mental retardation or other developmental disabilities. Discussion of the implications for enhancing inclusion in faith communities is provided.
- Vohra, J. U., Brazil, K. and Szala-Meneok, K. [St. Joseph's Health System Research Network, Canada]. **“The last word: family members' descriptions of end-of-life care in long-term care facilities.”** *Journal of Palliative Care* 22, no. 1 (2006): 33-39.  
 [From the abstract:] A postal survey was used to collect data from family members of deceased residents of six long-term care (LTC) facilities in order to explore end-of-life (EOL) care using the Family Perception of Care Scale. ...Family comments fell into two themes: (1) appreciation for care and (2) concerns with care. The appreciation for care theme included the following subthemes: psychosocial support, family care, and spiritual care....
- Ward, J. [Home Health, Uintah Basin Home Health Agency, 26 West 200 North (78-15), Roosevelt, UT 84066]. **“Caring for patients of diverse religious traditions: the Church of Jesus Christ of Latter-Day Saints.”** *Home Healthcare Nurse* 24, no. 6 (Jun 2006): 396-398.  
 This is part of an ongoing series in the journal about specific religious groups.
- Wachholtz, A. B. and Keefe, F. J. [Dept. of Psychiatry & Behavioral Sciences, Duke Univ. Medical Center, Durham, NC]. **“What physicians should know about spirituality and chronic pain.”** *Southern Medical Journal* 99, no. 10 (Oct 2006): 1174-1175.  
 This very brief overview is part of the journal's series of special sections on Spirituality & Medicine.
- Watkins, J. A., Christie, C. and Chally, P. [Department of Public Health, College of Health, University of North Florida, Jacksonville, FL 32224-2673]. **“Relationship between spiritual well-being and binge eating in college females.”** *Eating & Weight Disorders: EWD* 11, no. 1 (Mar 2006): 51-56.  
 This is a study involving a randomized sample of 809 female students. [From the abstract:] ...The sample was categorized into three binge eating categories: nonbinge, objective binge, and binge eating trait. Chi-Squares and Analysis of Variance determined binge eating group differences on demographics, global spiritual well-being, religious well-being, and existential well-being. Significant differences were found among groups for global spiritual well-being ( $p < \text{or} = 0.000$ ), religious well-being ( $p < \text{or} = 0.000$ ), and existential well-being ( $p < \text{or} = 0.000$ ). Higher levels of binge eating severity were associated with lower global spiritual and existential well-being scores. On measures of religious well-being, significant differences existed between the non-binge and the binge eating trait groups. The results suggest that spiritual well-being and especially existential well-being may be indirectly associated with the severity of binge eating.
- Watlington, C. G. and Murphy, C. M. [University of Maryland, Baltimore County, MD; Christina.Watlington@va.gov]. **“The roles of religion and spirituality among African American survivors of domestic violence.”** *Journal of Clinical Psychology* 62, no. 7 (Jul 2006): 837-857.  
 [Abstract:] The investigation examined religious involvement, spirituality, religious coping, and social support as correlates of posttraumatic stress symptoms and depression symptoms in African American survivors of domestic violence. Sixty-five African American women who experienced domestic violence in the past year provided data on demographics, severity and frequency of physical and psychological abuse during the past year, aspects of current social support, types of current coping activities, religious involvement, spiritual experiences, and

symptoms related to depression and posttraumatic stress disorder. Women who evinced higher levels of spirituality and greater religious involvement reported fewer depression symptoms. Religious involvement was also found to be negatively associated with posttraumatic stress symptoms. Women who reported higher levels of spirituality reported utilizing higher levels of religious coping strategies, and women who reported higher levels of religious involvement reported higher levels of social support. Results did not support hypotheses regarding social support and religious coping as mediators of the associations between mental health variables, religious involvement, and spirituality.

Weaver, A. J. and Koenig, H. G. **“Religion, spirituality, and their relevance to medicine: an update.”** *American Family Physician* 73, no. 8 (Apr 15, 2006): 1336-1337

This is a brief comment on a few issues in the field of Spirituality & Health since the publication in 2000 of Koenig, et al., *Handbook of Religion and Health*.

Weber, D. **“Where spirituality and healthcare meet.”** *RN* 69, no. 9 (Sep 2006): 53-54.

This is a brief profile of four nurses in light of their attention to patients' spirituality.

Weis, D., Schank, M. J. and Matheus, R. [Marquette University College of Nursing, Milwaukee, WI]. **“The process of empowerment: a parish nurse perspective.”** *Journal of Holistic Nursing* 24, no. 1 (Mar 2006): 17-24. Comment on pp. 25-26.

[Abstract:] PURPOSE: The purpose of this study is to describe the services of parish nurse empowerment, of client empowerment and empowerment outcomes for nurses and clients. METHOD: A sample of 28 parish nurses participated in one of three focus groups. Based on analysis of qualitative data from focus group discussions, empowerment themes were identified for nurses and clients. FINDINGS: Six items were identified as sources of parish nurse empowerment and client empowerment. CONCLUSION: The study showed that empowerment is a reciprocal process between the parish nurse and clients characterized by recognition of a higher power. IMPLICATIONS: To practice in a holistic manner, the spiritual dimension of person is a critical element of care.

White, J. A., Drechsel, J. and Johnson, J. [MeritCare Health System, Fargo, ND]. **“Faithfully fit forever: a holistic exercise and wellness program for faith communities.”** *Journal of Holistic Nursing* 24, no. 2 (Jun 2006): 127-131.

[From the abstract:] ...This article includes a description of an innovative, faith-based, community-based wellness program titled Faithfully Fit Forever (FFF). The Cardiac Rehabilitation and Parish Nursing Departments at MeritCare Health System, Fargo, North Dakota, developed FFF in 2000. FFF is a holistic health improvement program that embraces the interconnection between mind, body, and spirit. It is led by laypeople (many are parish nurses) who are members of the individual religious community. The program includes 30 to 40 minutes of exercise, health education time, and devotional time promoting spiritual and emotional health.

White, M. and Verhoef, M. **“Cancer as part of the journey: the role of spirituality in the decision to decline conventional prostate cancer treatment and to use complementary and alternative medicine.”** *Integrative Cancer Therapies* 5, no. 2 (Jun 2006): 117-122.

[Abstract:] BACKGROUND: The role of spirituality in patients' use of complementary and alternative medicine (CAM) approaches to cancer management has hardly been explored. Objective: To explore the role of spirituality in cancer management by men with prostate cancer who have declined conventional treatment and are using CAM. METHODS: This qualitative analysis is part of a longitudinal study to assess decision making by men with prostate cancer who decline conventional treatment and use CAM. In-depth interviews were conducted at study entry (n = 29). Themes were presented to participants in focus groups to further explore and validate the interview results. For a subset of participants (n = 10), spirituality emerged as an important theme; therefore, we conducted a secondary analysis of the interview data of these men to explore the role of spirituality in cancer management and decision making. RESULTS: Spirituality appeared to influence all aspects of the cancer experience. Most participants intensified their use of spiritual practice after a diagnosis of prostate cancer. These practices included spiritual ceremonies, indigenous healing, prayer, meditation, and use of spiritual imagery. Themes related to the role of spirituality in cancer management include beliefs about Western medicine, the role of spiritual beliefs in treatment decision making, the use of spiritual imagery and metaphor in healing, and the impact of cancer on spirituality. The discussion of these themes draws on quotes and case examples, illustrating how spirituality influenced study participants' response to diagnosis, treatment decision making, and cancer care. Two case examples provide a more in-depth understanding of how some participants incorporated spiritual imagery and metaphor into treatment decision making and cancer care. Ways in which cancer influenced spirituality are also discussed. Having prostate cancer appeared to influence their spirituality by strengthening their links with a spiritual community, increasing feelings of gratitude toward life, and improving personal relationships. Relevance: These findings indicate that spiritual beliefs and practices may play an important role in the formation of treatment choices for some patients. Health care providers need to be aware of and address patient concerns about how conventional treatment may conflict with their spiritual beliefs and practices. Further research and medical education is needed on spirituality and prostate cancer.

White, M. T. [Community Health, Boonshaft School of Medicine, Wright State University, Dayton, OH; mary.t.white@wright.edu]. **“Religious and spiritual concerns in genetic testing and decision making: an introduction for pastoral and genetic counselors.”** *Journal of Clinical Ethics* 17, no. 2 (2006): 158-167.

The author gives an overview of “medical, moral, and existential challenges raised by genetic information, and why religious and spiritual concerns are rarely addressed in the care of genetics patients” and then addresses “the different ways that questions of religious faith and spirituality may arise in the genetics arena, in particular, the charge of ‘playing God’ and responses to grief and loss.” She looks at “the variety of religious and spiritual perspectives people may bring to their circumstances” and suggests resources for counselors and counseling skills. She notes that she writes “primarily from a Christian perspective” but claims that “much of this discussion may...be useful for adherents of Judaism and Islam.” [p. 159]

WHOQOL SRPB Group. **“A cross-cultural study of spirituality, religion, and personal beliefs as components of quality of life.”** *Social Science & Medicine* 62, no. 6 (Mar 2006): 1486-1497.

[Abstract:] This paper reports on an international study in 18 countries (n=5087) to observe how spirituality, religion and personal beliefs (SRPB) relate to quality of life (QoL). SRPB is assessed using the World Health Organization's QoL Instrument (the WHOQOL), where eight additional facets were included to more fully address these issues as they pertain to QoL, along with physical, social, psychological and environmental domains. The facets address issues such as inner peace, faith, hope and optimism, and spiritual connection. The results showed that SRPB was highly correlated with all of the WHOQOL domains (p<0.01), although the strongest correlations were found with

psychological and social domains and overall QoL. When all of the domain scores were entered into a stepwise hierarchical regression analysis, all of the domains contributed to overall quality of life (N=3636), explaining 65% of the variance. When this was repeated for those people who reported poor health (N=588), it was found that only four domains explain 52% of the variance. The first was the level of independence, followed by environment, SRPB and physical. Gender comparisons showed that despite showing lower scores for facets in the psychological domain, such as negative feelings and poorer cognitions, women still reported greater feelings of spiritual connection and faith than men. Those with less education reported greater faith but were less hopeful. It is suggested that SRPB should be more routinely addressed in assessment of QoL, as it can make a substantial difference in QoL particularly for those who report very poor health or are at the end of their life.

Wilding, C., Muir-Cochrane, E. and May, E. [Charles Sturt University, Albury, New South Wales, Australia; cwilding@csu.edu.au]. **“Treading lightly: spirituality issues in mental health nursing.”** *International Journal of Mental Health Nursing* 15, no. 2 (Jun 2006): 144-152.

[From the abstract:] ...This paper aims to contribute to the discussion of spirituality within mental health nursing, through considering findings from a Heideggerian phenomenological study conducted with six people with mental illness living in regional Australia. This study aimed to provide a greater understanding of the phenomenon of spirituality by answering a primary research question, 'What does spirituality mean for people with a mental illness?' Participants were interviewed and data analyzed using an iterative approach....The themes describe that spirituality is experienced uniquely for the participants, and that spirituality became vitally important to them when they became mentally unwell. In addition, issues of interest to mental health nurses were raised but not completely addressed by the study. The issues relate to potential interactions about spirituality between nurses and their patients. Although participants wanted to discuss their experiences of spirituality with others, they raised concerns about whether their mental health care providers would be accepting of their beliefs. Spirituality was deemed to be a highly individual phenomenon; it could be experienced as a journey and it was life-sustaining. For these reasons, it is proposed that mental health professionals must be prepared to discuss patients' spiritual needs in the context of their health concerns.

Will, J. F. **“My God, my choice: the mature minor doctrine and adolescent refusal of life-saving or sustaining medical treatment based upon religious beliefs.”** *Journal of Contemporary Health Law & Policy* 22, no. 2 (Spring 2006): 233-300.

This lengthy article addresses the issues of adolescent consent/refusal from a legal perspective. The author's conclusion: “When adolescents refuse life-saving or sustaining medical treatment based upon religious beliefs, they must show by clear and convincing evidence that they both have understanding of the medical aspects of the decisions, and also that the religious beliefs upon which they are refusing the treatment are deeply rooted and central to their life-plan. This is not to say that adolescents never have religious integrity; rather, the concern is that the children are not expressing values associated with their true sense of well-being. When adolescents seek to die for those beliefs, an inquiry must be made to ensure that they are expressing an independent religious identity rather than advancing the interests of third parties such as parents or ministers.” [437 references.]

Williams, A. L. [School of Nursing, Yale University, New Haven, CT 06510; anna-leila.williams@yale.edu]. **“Perspectives on spirituality at the end of life: a meta-summary.”** *Palliative & Supportive Care* 4, no. 4 (Dec 2006): 407-417.

[Abstract:] OBJECTIVE: A meta-summary of the qualitative literature on spiritual perspectives of adults who are at the end of life was undertaken to summarize the research to date and identify areas for future research on the relationship of spirituality with physical, functional, and psychosocial outcomes in the health care setting. METHODS: Included were all English language reports from 1966 to the present catalogued in PubMed, Medline, PsycInfo, and CINAHL, identifiable as qualitative investigations of the spiritual perspectives of adults at the end of life. The final sample includes 11 articles, collectively representing data from 217 adults. RESULTS: The preponderance of participants had a diagnosis of cancer; those with HIV/AIDS, cardiovascular disease, and ALS were also represented. Approximately half the studies were conducted in the United States; others were performed in Australia, Finland, Scotland, and Taiwan. Following a process of theme extraction and abstraction, thematic patterns emerged and effect sizes were calculated. A spectrum of spirituality at the end of life encompassing spiritual despair (alienation, loss of self, dissonance), spiritual work (forgiveness, self-exploration, search for balance), and spiritual well-being (connection, self-actualization, consonance) emerged. SIGNIFICANCE: The findings from this meta-summary confirm the fundamental importance of spirituality at the end of life and highlight the shifts in spiritual health that are possible when a terminally ill person is able to do the necessary spiritual work. Existing end-of-life frameworks neglect spiritual work and consequently may be deficient in guiding research. The area of spiritual work is fertile ground for further investigation, especially interventions aimed at improving spiritual health and general quality of life among the dying. [48 references.]

Williams, M. L., Cobb, M., Shiels, C. and Taylor, F. [Academic Palliative and Supportive Care Studies Group, University of Liverpool, UK; mlw@liv.ac.uk]. **“How well trained are clergy in care of the dying patient and bereavement support?”** *Journal of Pain & Symptom Management* 32, no. 1 (Jul 2006): 44-51.

[Abstract:] Although comparatively few people have regular contact with a church or spiritual leader, during times of terminal illness or bereavement, clergy are expected to be available and able to provide support. This study was carried out to determine the perceptions of clergy on the training they had received in supporting the dying patient and the bereaved. A sample of clergy working in the diocese of Sheffield was sent a questionnaire to assess what skills and knowledge clergy believed they had in this area, together with areas where they would wish for further training. The questionnaire was developed with input from hospital, hospice, and academic chaplains, and palliative care consultants. A subsidiary questionnaire was sent to clergy training colleges to evaluate the teaching offered. There was a trend across all denominations that those who had trained more recently were more likely to have received relevant training. Most clergy believed that they possessed adequate liturgical skills, but 13% felt they possessed none or little skill in pastoral care of the dying. Seventy-one percent indicated that they would like further training in pastoral care of the dying and 66.3% desired training in care of the bereaved. Of the 50% of training colleges that responded, the number of hours of training on pastoral care of the dying ranged from 6 to 36 hours (median 23 hours and mean 25 hours) and only 26% believed that their training in pastoral support skills was comprehensive. This study suggests that care of the dying and the bereaved is identified by clergy as an area in need of further training by the majority of clergy and should be part of the core curriculum within clergy training colleges and late training programs.

Wittmann, M., Vollmer, T., Schweiger, C. and Hiddemann, W. [Generation Research Program, Bad Tolz, Human Science Center, Ludwig-Maximilian University of Munich, Germany; wittmann@ucsd.edu]. **“The relation between the experience of time and**

**psychological distress in patients with hematological malignancies.”** *Palliative & Supportive Care* 4, no. 4 (Dec 2006): 357-463.

[Abstract:] OBJECTIVE: The experience of time is strongly related to our momentary mood states. Patients with a life-threatening illness experience an extreme change in mood and suffer from psychological distress that can develop into clinically relevant psychiatric disorders, like anxiety and depression. The aim of this study was to investigate the associations among the subjective perception of time, psychological distress, and quality of life in patients with hematological malignancies. METHODS: Eighty-eight inpatients with hematological malignancies rated how fast time passes subjectively on a visual analog scale and prospectively estimated a time span of 13 min. The Hospital Anxiety and Depression Scale (HADS) self-report measures of health-related quality of life (FACT-G) and spiritual well-being (FACIT-Sp) were employed to assess psychological distress and quality of life. RESULTS: Those patients who reported a lower quality of life, less spiritual well-being, and more anxiety experienced a slower passage of subjective time and overestimated the 13-min time interval. SIGNIFICANCE OF RESULTS: Our interpretation of the results is that patients with a life-threatening illness who show symptoms of psychological distress draw attention away from meaningful thoughts and actions and, thus, experience time as passing more slowly. An altered sense of time can be a sign of mental suffering, which should be addressed within psycho-oncological interventions. As this is the first study to demonstrate this relation in cancer patients, further research is needed to investigate the experience of time and its relation to meaning as an issue in clinical diagnostics.

Wong, Y. J., Rew, L. and Slaikeu, K. D. [University of Texas at Austin, 78701]. **“A systematic review of recent research on adolescent religiosity/spirituality and mental health.”** *Issues in Mental Health Nursing* 27, no. 2 (Feb-Mar 2006): 161-183.

[Abstract:] There is accumulating evidence that religiosity/spirituality (R/S) are important correlates of mental health in adult populations. However, the associations between R/S and mental health in adolescent populations have not been systematically studied. The purpose of this article is to report on a systematic review of recent research on the relationships between adolescent R/S and mental health. Twenty articles between 1998 and 2004 were reviewed. Most studies (90%) showed that higher levels of R/S were associated with better mental health in adolescents. Institutional and existential dimensions of R/S had the most robust relationships with mental health. The relationships between R/S and mental health were generally stronger or more unique for males and older adolescents than for females and younger adolescents. Recommendations for future research and implications for mental health nursing are discussed. [60 references.]

Yi, M. S., Luckhaupt, S. E., Mrus, J. M., Mueller, C. V., Peterman, A. H., Puchalski, C. M. and Tsevat, J. [Department of Internal Medicine, University of Cincinnati Medical Center, OH 45267; michael.yi@uc.edu]. **“Religion, spirituality, and depressive symptoms in primary care house officers.”** *Ambulatory Pediatrics* 6, no. 2 (Mar-Apr 2006): 84-90.

[Abstract:] OBJECTIVE: The arduous nature of residency training places house officers at risk for depression. We sought to determine the prevalence of depressive symptoms in pediatric (PED), internal medicine (IM), family medicine (FM), and combined internal medicine-pediatric (IMPED) house staff, and spiritual/religious factors that are associated with prevalence of depressive symptoms. METHODS: PED, IM, FM, and IMPED residents at a major teaching program were asked to complete a questionnaire during their In-Training Examination. Depressive symptoms were measured with the 10-item Center for Epidemiologic Studies Depression Scale. Independent variables included demographics, residency program type, postgraduate level, current rotation, health status, religious affiliation, religiosity, religious coping, and spirituality. RESULTS: We collected data from 227 subjects. Their mean (SD) age was 28.7 (3.8) years; 131 (58%) were women; 167 (74%) were white; and 112 (49%) were PED, 62 (27%) were IM, 27 (12%) were FM, and 26 (12%) were IMPED residents. Fifty-seven house officers (25%) met the criteria for having significant depressive symptoms. Having depressive symptoms was significantly associated ( $P < .05$ ) with residency program type, inpatient rotation status, poorer health status, poorer religious coping, and worse spiritual well-being. In multivariable analyses, having significant depressive symptoms was associated with program type, poorer religious coping, greater spiritual support seeking, and worse spiritual well-being. CONCLUSIONS: Depressive symptoms are prevalent among house officers and are associated with certain residency program types and with residents' spiritual and religious characteristics. Identifying residents with depressive symptoms and potentially attending to their spiritual needs may improve their well-being.

Yi, M. S., Mrus, J. M., Wade, T. J., Ho, M. L., Hornung, R. W., Cotton, S., Peterman, A. H., Puchalski, C. M. and Tsevat, J. [Division of General Internal Medicine, Section of Outcomes Research, Department of Internal Medicine, University of Cincinnati Medical Center, Cincinnati, OH]. **“Religion, spirituality, and depressive symptoms in patients with HIV/AIDS.”** *Journal of General Internal Medicine* 21, Suppl. 5 (Dec 2006): S21-27. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] BACKGROUND: Depression has been linked to immune function and mortality in patients with chronic illnesses. Factors such as poorer spiritual well-being has been linked to increased risk for depression and other mood disorders in patients with HIV. OBJECTIVE: We sought to determine how specific dimensions of religion, spirituality, and other factors relate to depressive symptoms in a contemporary, multi-center cohort of patients with HIV/AIDS. DESIGN: Patients were recruited from 4 medical centers in 3 cities in 2002 to 2003, and trained interviewers administered the questionnaires. The level of depressive symptoms was measured with the 10-item Center for Epidemiologic Studies Depression (CESD-10) Scale. Independent variables included socio-demographics, clinical information, 8 dimensions of health status and concerns, symptoms, social support, risk attitudes, self-esteem, spirituality, religious affiliation, religiosity, and religious coping. We examined the bivariate and multivariable associations of religiosity, spirituality, and depressive symptoms. MEASUREMENTS AND MAIN RESULTS: We collected data from 450 subjects. Their mean (SD) age was 43.8 (8.4) years; 387 (86.0%) were male; 204 (45.3%) were white; and their mean CD4 count was 420.5 (301.0). Two hundred forty-one (53.6%) fit the criteria for significant depressive symptoms (CESD-10 score  $\geq 10$ ). In multivariable analyses, having greater health worries, less comfort with how one contracted HIV, more HIV-related symptoms, less social support, and lower spiritual well-being was associated with significant depressive symptoms ( $P < .05$ ). CONCLUSION: A majority of patients with HIV reported having significant depressive symptoms. Poorer health status and perceptions, less social support, and lower spiritual well-being were related to significant depressive symptoms, while personal religiosity and having a religious affiliation was not associated when controlling for other factors. Helping to address the spiritual needs of patients in the medical or community setting may be one way to decrease depressive symptoms in patients with HIV/AIDS. [This article is part of the journal's special theme issue on spirituality and HIV/AIDS.]

Yoon, S. L. and Black, S. [University of Florida College of Nursing, HPNP Complex, Gainesville, FL; yoon@nursing.ufl.edu]. **“Comprehensive, integrative management of pain for patients with sickle-cell disease.”** *Journal of Alternative & Complementary Medicine* 12, no. 10 (Dec 2006): 995-1001.

In this cross-sectional, descriptive study, 63 caregivers of children with sickle cell disease, from a North Central Florida sickle-cell clinic, were asked to complete a questionnaire covering "demographic information, use of pain medications, caregivers' use of complementary therapies for their children, and caregivers' willingness to use complementary therapies in the future. Caregivers were asked to select any of 16 complementary therapies listed in the questionnaire if they had used them within the last 6 months and were asked if they would be interested in using any of the listed complementary therapies in the future" [p. 996]. From 62 usable surveys, "The most commonly used [complementary therapies] were prayer (45 caregivers), spiritual healing by others (34), massage therapy (31), and relaxation (23)" [p. 997]. With regard to complementary therapies for use in the future, the most common responses were "prayer (95.2%) massage therapy (79.4%), relaxation techniques (73.0%), spiritual healing by others (71.0%), and music (61.3%)" [p. 998].

Yoshimoto, S. M., Ghorbani, S., Baer, J. M., Cheng, K. W., Banthia, R., Malcarne, V. L., Sadler, G. R., Ko, C. M., Greenbergs, H. L. and Varni, J. W. [Rebecca & John Moores UCSD Cancer Center, La Jolla, CA]. **"Religious coping and problem-solving by couples faced with prostate cancer."** *European Journal of Cancer Care* 15, no. 5 (Dec 2006): 481-488. [This article was still listed on Medline's *In-Process* database at the time of this bibliography's completion.]

[Abstract:] Religion can be an important resource for people struggling with chronic illness. Problem-solving skills have also been shown to be helpful. This study examined whether turning to religion as a coping resource would be associated with better problem-solving in couples trying to manage challenges associated with prostate cancer. The sample was 101 patients with prostate cancer and their wives. Wives completed the Social Problem-Solving Inventory--Revised at baseline (T1) and 10 weeks later (T2). Patients and their wives also completed a measure that included items on religious coping. These items were used to classify couples into four groups based on whether one or both members engaged in religious coping: (1) husband only, (2) wife only, (3) both husband and wife, and (4) neither husband nor wife. From T1 to T2, wives who used religious coping along with their husbands (group 3) showed a significantly greater reduction in dysfunctional problem-solving (specifically, on impulsive/careless problem-solving) in comparison with wives who used religious coping while their husbands did not (group 2). Findings suggest that when couples share in turning to religion as a source of coping, this may be associated with improved problem-solving, but sole engagement in religious coping by wives may be associated with worse problem-solving.

Young, D. R. and Stewart, K. J. [Department of Kinesiology, University of Maryland, College Park, MD 20742; dryoung@umd.edu]. **"A church-based physical activity intervention for African American women."** *Family & Community Health* 29, no. 2 (Apr-Jun 2006): 103-117.

[From the abstract:] This trial evaluated a 6-month, church-based aerobic exercise intervention to increase physical activity among African American women relative to a health lecture and stretching condition. Participants were 196 women from 11 churches. Churches were randomized to an Aerobic Exercise or Health N Stretch intervention. Results indicated that physical activity was not different in Aerobic Exercise and Stretch N Health, although attendance in both interventions was low. Both groups reduced physical inactivity prevalence from baseline (26% and 18% decline, respectively). Higher baseline social support predicted change in physical activity, regardless of treatment assignment....

Ypinazar, V. A. and Margolis, S. A. [School of Medicine, Rural Clinical Division, University of Queensland, Central Queensland Division, Australia]. **"Delivering culturally sensitive care: the perceptions of older Arabian gulf Arabs concerning religion, health, and disease."** *Qualitative Health Research* 16, no. 6 (Jul 2006): 773-787.

[From the abstract:] ...In this qualitative study, the authors used semistructured interviews to provide insight into how 10 older Arabian Gulf Muslim persons understand and perceive health and illness with emphasis on the role of Islam in formulating health behaviors. Participants' views were strongly influenced by their religious convictions. Good health was equated with the absence of visible disease, with participants demonstrating limited understanding of silent or insidious disease. They attended doctors for treatment of visible disease rather than seeking preventive health care for diseases such as hypertension, diabetes, and hyperlipidemia....

Zapka, J. G., Carter, R., Carter, C. L., Hennessy, W., Kurent, J. E. and DesHarnais, S. [Medical University of South Carolina]. **"Care at the end of life: focus on communication and race."** *Journal of Aging & Health* 18, no. 6 (Dec 2006): 791-813.

Among the findings of this study of 90 patients, only [from the abstract:] 22% reported their physician inquired about spiritual support.

Zhong, C. B. and Liljenquist, K. [Department of Organizational Behavior and HR Management, Joseph L. Rotman School of Management, University of Toronto, Toronto, Ontario M5S 3E6, Canada; chenbo.zhong@rotman.utoronto.ca]. **"Washing away your sins: threatened morality and physical cleansing."** *Science* 313, no. 5792 (Sep 8, 2006): 1451-1452.

[Abstract:] Physical cleansing has been a focal element in religious ceremonies for thousands of years. The prevalence of this practice suggests a psychological association between bodily purity and moral purity. In three studies, we explored what we call the "Macbeth effect"--that is, a threat to one's moral purity induces the need to cleanse oneself. This effect revealed itself through an increased mental accessibility of cleansing-related concepts, a greater desire for cleansing products, and a greater likelihood of taking antiseptic wipes. Furthermore, we showed that physical cleansing alleviates the upsetting consequences of unethical behavior and reduces threats to one's moral self-image. Daily hygiene routines such as washing hands, as simple and benign as they might seem, can deliver a powerful antidote to threatened morality, enabling people to truly wash away their sins. [This study has been reviewed on the website of the Research Network of the Association for Clinical Pastoral Education at [www.ACPEresearch.net](http://www.ACPEresearch.net) --see the site's December 2006 Article-of-the-Month page.]

Zust, B. L. [Gustavus Adolphus College, St. Peter, MN]. **"Death as a transformation of wholeness: an 'aha' experience of health as expanding consciousness."** *Nursing Science Quarterly* 19, no. 1 (Jan 2006): 57-60.

This is a theoretical contextualization of a personal experience by a nurse of a patient's death. The author addresses at points the place of spirituality in a model of [from the abstract:] uncompromised and nonfragmented nursing care in partnership with the irreducible whole person.

Earlier bibliographies are available on line through the web site of the Department of Pastoral Care at the Hospital of the University of Pennsylvania at [www.uphs.upenn.edu/pastoral](http://www.uphs.upenn.edu/pastoral).